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THE ETIOLOGY AND TREATMENT OF ECLAMPSIA.*

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Extraordinary are the demands which nature makes on the maternal organism during pregnancy. Besides the work necessary for its own maintenance, it must take up and digest the food required for the building up of the rapidly growing fetus; it must carry this building material to the placenta, together with the necessary oxygen for the sustenance of fetal life. Likewise it must carry away and eliminate the waste products of fetal metabolism. This work increases as pregnancy advances. We have no reason to think that these waste products are not sufficiently oxidized in the fetal body to be ready for elimination when they enter the maternal system through the placenta; nor is there a necessity for believing that they differ in any way from similar substances in the maternal system, or that they constitute a special poison.

Work of a more complicated character is added by the deportation of placental elements by the maternal blood current. The chorionic villi with their coating of syncytium dip into the maternal blood and syncytial cells are almost constantly detached and carried away by the maternal current. Schmorl[1] examined the lungs of 150 women who died during the different periods of pregnancy or the puerperium and he found embolic deportation of placental cells exceedingly common. They were present in greatest number in the lungs of eighty-three cases that had died of eclampsia; in other cases they would sometimes be missed. They were found in cases that had died before labor had set in and also during the early months of pregnancy. Whole villi were found only when a severe mechanical disturbance of the placenta had taken place, as in manual detachment of adherent placentæ.

In two cases of abortion in the first and second months of pregnancy that had died from septicemia, especially numerous embolisms were observed, originating partly from syncytial cells, and partly from the cells of Langhans, and partly from both.

In three cases of death from abortion of hydatiform mole, the embolisms in the lungs were more numer-

*Read before the St. Louis Obstetrical and Gynecological Society, April 13, 1905.

ous than Schmorl had ever seen before and the deported cells showed distinct proliferation. In only three out of the other 150 cases were such proliferations found.

Busse, in *Virchow's Archives*, Vol. 174, describes a case of numerous embolisms in the brain of syncytial origin; the cells had grown through the walls of the capillaries and caused hemorrhagic spots. Similar thrombi were found in the arteries and veins of the lungs, the spleen, the kidneys, the liver and the intestines; in the left ventricle there was a large chorioepithelioma. These detached syncytial cells retain the power of digesting or corroding the tissues they come in contact with and also the power of proliferation, and they are at times the starting point of that most malignant of new formations—the chorioepithelioma.

I take pleasure in demonstrating to you the presence of these syncytial cells in the lungs from the slides here exhibited.

The presence of the placental cells in the maternal blood as already stated, requires more complicated work for their removal. Glands, with internal secretions like the thyroid, seem particularly active in this respect and hence may the frequent enlargement of this gland during pregnancy find an explanation.

It is evident that nature has made ample provision for the carrying on of this strenuous work, and that as long as there is perfect oxidation of all the waste products there is no more toxemia during pregnancy than at any other time. In order that toxemia should develop there must be some special disturbance of the arrangement for oxidizing and eliminating waste products. These special disturbances constitute the exciting causes for eclamptic convulsions, while the resulting toxemia constitutes the real cause.

Of the exciting causes, disturbance of the kidney secretion is the most common; next in order comes the irritation of peripheral nerves, overexcitement and overexertion.

1. Compression of one or both ureters by the pregnant uterus will cause in a mechanical way a decrease in the secretion of urine. It naturally produces tension back of the point of compression up into the pelvis of the kidney, and even up into the uriniferous tubes. The flow of blood in the renal vein is retarded and a venous engorgement of the kidney results. The kidney substance is squeezed between the column of urine in the pelvis and the unyielding kidney capsule.

These changes are possible without causing more than a temporary dilatation of the ureters, but such dilatations have been found by Ohlshausen, Cruveilhier, Pollack, Loehlein and others. In sixty-nine autopsies of eclamptic patients they were present thirteen times. Halbertsma had long ago pointed out this mechanical compression of the ureter as one of the causes of eclamptic convulsions, and his pupil, Mynlieff[2], has done so again recently. The convulsions in these cases are simple uremic convulsions.

Sippel[3] found at the post mortem of an eclamptic patient the right kidney large, of dark bluish-black color, the pelvis and ureter dilated and the renal capsule under immense tension; a cut

into this capsule caused the edges to separate and the kidney substance to well up over the edges of the incision, because it had evidently been under high pressure. Sippel supposes that in this case the patient might have been saved by decapsulation; he sees the connection between compression of the ureter by the pregnant uterus with consecutive intra-renal tension and decreased or suppressed secretion of urine, which may lead to eclampsia; and advises decapsulation in cases in which, after emptying the uterus, the convulsions and anuria continue.

2. The kidney secretion may be deficient on account of true Bright's disease, and the convulsions will again be of the uremic type.

3. There may be a pregnancy kidney with more or less suppression of urine. The pregnancy kidney is caused by toxemia. The highest form of oxidation of the nitrogenous waste products is represented by urea, next in order comes uric acid. The liver is the principal but not the only producer of urea and uric acid. Xanthin, hypoxanthin, carbaminic acid and similar bodies represent lower forms of oxidation (Landois); the latter is a known chemical poison; these and similar substances possess less osmotic energy than do the higher forms of oxidation and therefore are apt to irritate the renal epithelium and to cause the changes which we collectively call pregnancy kidney. When these changes are sufficient to cause a suppression of the urine the convulsions may again be of uremic type, or they may be caused by the toxemia, or by both.

Toxemia, that is the presence in the blood of toxic material which may cause a number of disturbances in the maternal organism, including and culminating in eclamptic convulsions, is not a physiologic condition and is not present in all pregnant women to a greater or less degree as is claimed by some of the apostles of the toxemia theory.

As already stated, it results from imperfect oxidation of the nitrogenous waste products, so that the formation of urea and uric acid is reduced, while the intermediary products, the so-called leucomaines, accumulate in the system. Organic chemistry will in time make us acquainted with a greater number of these bodies, and one or more of them may prove to be poisons capable of producing in pregnant women the convulsions called eclamptic.

Poehl[4], of St. Petersburg, has shown that spermin, an organic base present in relatively large quantities in the testicles, ovaries, prostate, thyroid, thymus, pancreas, spleen, and also as a normal constituent in the blood, causes and accelerates intraorgan-oxidation and plays an important part in tissue respiration, and in all organs having internal secretion. Spermin effects oxidation only when in solution, and its action being catalytic[5] * in nature does not depend on the quantity of spermin present.

Under certain conditions spermin assumes an insoluble form and is rendered inactive; this form represents a phosphate of spermin; reduced alkal-

* Bodies or ferments, which by their mere presence cause or accelerate certain processes without entering into the resulting products, are called katalysators; the phenomenon, katalysis. Organotherapeutics owe their results to the presence of spermin and other katalysators.

escence of the blood is one of the main causes of rendering spermin inactive and, consequently, of autointoxication. This phosphate is identical with the Charcot-Leyden crystals.

Poehl[6] and Verworn have shown that overexcitement of the nerves and overexertion of the muscles lead to autointoxication by reducing the alkalescence of the tissues and lowering the oxidation process by rendering the spermin and other katalysators inactive and by reducing the tissue respiration. The urine under such conditions shows that the quantity of nitrogen eliminated as urea and uric acid is decreased ten per cent. or more, which nitrogen is apportioned to the intermediary products, some of which have direct toxic properties, such as xanthin, hypoxanthin, kreatin, neurin and others. Poehl explains in this manner the result of his examination of eight bicyclists who rode from Moscow to St. Petersburg. In seven of these he found an irritation of the kidney, which was manifested by hyaline cylinders in the urine, and in two of these cases even fine granulated cylinders were present. These toxic symptoms are explained by Goucher's observations with regard to the irritating effects of xanthin and hypoxanthin upon the kidneys.

We can understand how, in like manner, the intense mental excitement of the parturient woman or the immense muscular exertion of the uterus during labor, will lower the oxidation of the nitrogenous waste products in the maternal system and cause toxemia by the accumulation of the intermediary more or less toxic products. We can also understand that under such conditions eclamptic convulsions may develop spontaneously as it were, or through the irritation of peripheral nerves. Such irritation may be found in the intense suffering and excitement of a primiparous woman when the fetal head is on the floor of the pelvis and is hammering against the all too narrow opening of the vulva.

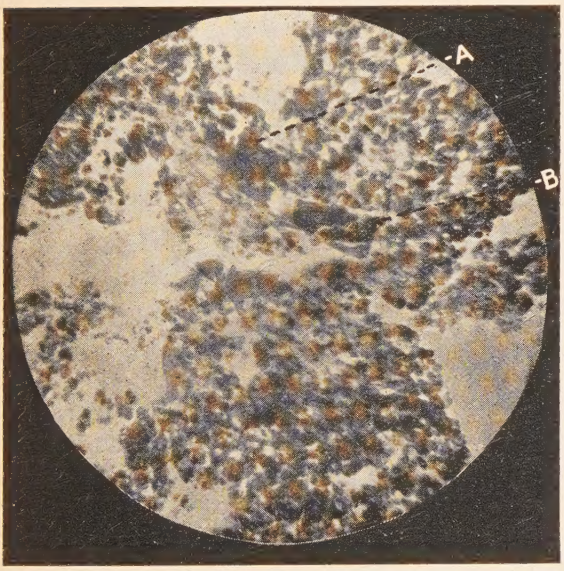
To recapitulate and to emphasize my position regarding puerperal eclampsia, I hold:

Firstly, that in a percentage of cases these convulsions are caused by insufficient kidney activity, either the result of true renal disease or of compression of the ureters by the pregnant uterus, and that the convulsions under such conditions are identical with uremic convulsions.

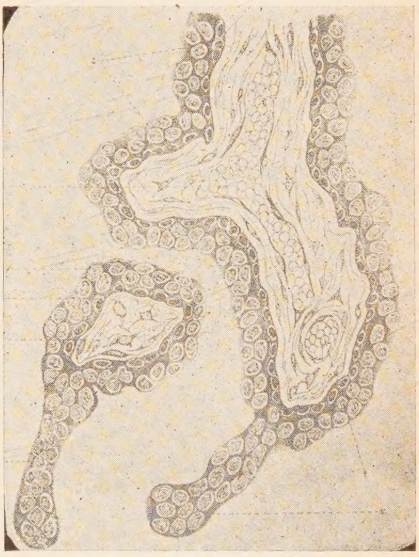
Secondly, that toxemia is not physiologically associated with pregnancy, but is the result of a disturbance of the process of oxidation of the nitrogenous waste products in the maternal system, resulting in the reduction of the amount of urea and uric acid formed and a corresponding increase in the formation of the intermediary products with which we are but insufficiently acquainted, but which possess, either individually or collectively, toxic and poisonous properties. I further claim that intense mental excitement and muscular activity will tend to provoke or to increase this toxic condition, and that the irritation of peripheral nerve endings under such conditions will produce an explosion in the form of the eclamptic convulsion.

I also insist that the pregnant woman is peculiarly predisposed to convulsions in a similar way as is early childhood.

Having thus explained my own conviction in the matter, I may be permitted to pass review on some of the theories which of late years have agitated the obstetrical world. For a long time it was claimed that a specific poison secreted by the fetus, and usually eliminated by the maternal kidneys, but sometimes irritating is, from the placenta or the membranes or both. For, without discussing the fact that the poison in question has never been demonstrated in either case, it militates against good reason to believe that after having irritated the kidneys so as to cause their own retention in the maternal blood, and having provoked convul-



A—Blood cells
B—Syncytial cells
Both in capillary vessel.



Syncytial cells.

them and, by impairing the renal filter, causing its own retention in the maternal blood, was the cause of convulsions. The report of one or two cases of eclampsia in hydatiform mole without the presence of a fetus caused the desertion of this camp and the establishment of the later theory that the specific eclamptic poison originated from the fetal envelopes—that sions, that these same poisons should after awhile pass without difficulty through a kidney which is no longer normal, as must be the case when eclamptic convulsions occur, without proving fatal and without interrupting pregnancy.

The discovery of syncytial cells in the maternal circulation has naturally set speculation agoing, and these ele-

ments are being blamed directly or indirectly as causing the eclamptic convulsions.

Veit blames them directly. *Ascoli* blames a hypothetical overproduction of syncytiolysin which is found in accordance with the laws of overcompensation. *Weichardt* tries to show that it is not the syncytiolysin, but the syncytiotoxin which the former produces, and which is not neutralized by the system, that causes the convulsions.

The syncytial cells have been found in great numbers in cases of early abortion, and particularly in connection with the hydatiform moles, where they have frequently developed into chorio-epithelioma, but only in one exceptional case has eclampsia been reported; they are likewise found in the lungs and liver of puerperal women who had no convulsions. The syncytium is most in evidence during the earlier months of pregnancy at a time when eclamptic convulsions are almost unknown. We have no evidence that these cells are dissolved by any kind of lysin, nor are we sure that they are of fetal origin. The villi of the chorion are sticking free in the maternal capillaries bathing themselves in the maternal blood, with a hole in the capillary wall. It might be claimed that the syncytial cells represent the modified endothelium of these capillaries.

Furthermore, a good many of the cells so found may not be syncitial cells at all. Dr. Baldwin, the assistant pathologist to the city hospital, tells me that they cannot be differentiated from giant cells found in all cases of toxic poisoning, unless a number of large nuclei surrounded by protoplasm without cell division are found together.

In the few cases in which Schmorl found whole villi in the lungs there had been a mechanical disturbance of the placenta. Edgar, adopting the teaching of James Ewing, of Cornell University, gives the following definition of toxemia in pregnancy:

A state of the blood and metabolism arising from the hepatic insufficiency to which the pregnant woman strongly predisposes, expressed most commonly by trial ailments (petty morbidity of pregnancy), but exceptionally by serious, severe and even pernicious affections, such as acute yellow atrophy of the liver, pernicious vomiting, eclampsia; conditions which, while once thought to have nothing in common, are now seen to be closely related. The blood state in fatal cases resembles that of severe sepsis.

This last remark of Edgar I fail to understand, as severe sepsis is caused by a streptococcus infection, while toxemia is not. Otherwise his definition might go unchallenged except that it makes no provision for eclamptic convulsions on a uremic basis and that it includes the disturbances of pregnancy which usually disappear after the uterus rises out of the pelvis, among the manifestations of toxemia. They could not be expected to disappear at that time if they were of such origin.

No one will deny that pernicious vomiting should be included among the symptoms of toxemia when there is no plain mechanical cause for it. I cannot close this chapter without mentioning the publication of Dienst, of Breslau, on the

eclamptic poison[7]. Dienst, who is physician-in-chief to the University Lying-in Hospital of Breslau, thinks he has found the true explanation of the cause of eclampsia. He wants to make us believe that in many instances the fetal blood bears the same relation to the blood of its own mother as does the blood of a different species, and he also wants us to believe there is frequently a leak in the placenta, so that fetal blood is mingled with the maternal blood, and that in those cases in which the relation of maternal and fetal blood is like that of two distinct species the result is eclampsia. If Dienst is as careless with his experiments about agglutinins and hemolysins as he has been with locating the leaks in the placenta, his eclamptic poison must be a sad miscarriage.

He secured fifteen placentas of eclamptic women by sending circular letters to the midwives of Breslau; the placentas so obtained he injected with milk through the umbilical vein or through one of the arteries; every one of these placentas leaked. He next examined 335 placentas from non-eclamptic confinements, and, while they often showed leaks, these leaks were not nearly as big as in the placentas from eclamptic women.

He next proceeded to inject the placenta while it is still attached to the uterine wall; that is, in 160 cases he injected a sterile solution of methylene blue through the vein or one of the arteries as soon as the child was born, and found a leak in thirty-two cases, or 20 per cent. The leak was indicated by the temporary appearance of blue urine in these cases.

Of course it is ridiculous to claim that in the clinic of Breslau the placentas remain attached to the wall of the uterus after the baby is born, when they refuse to do so in other parts of the world.*

The blood of 118 mothers and their children were examined in regard to agglutination and hemolysis. In twenty-four cases did the blood of the mother agglutinate, and even dissolve the blood of her infant. Of these cases fifteen placentas did not leak; the mothers staid well and the urine showed no trace of albumin; nine leaked and showed blue urine; seven had eclampsia; two escaped with albuminuria during pregnancy. In one case of a woman dying undelivered the placenta was injected in situ and the blue liquid came out of the uterine and spermatic veins.

These are strange doings in the University Clinic of Breslau. When Dienst injected the nine leaking placentas in the cases in which the maternal blood agglutinated the fetal blood, was he not lucky that he forced none of the fetal blood through the placental leak into the maternal system and killed his patient, already weakened by the eclamptic convulsions, which we are told had occurred

* In the discussion Dr. Taussig called my attention to the fact that the latest German writers believe that the placenta does not become detached until some time after the birth of the child, but in this belief they are clearly wrong, because with the interruption of the placental circulation the venosity of the fetal blood increases sufficiently to stimulate the respiratory center and to establish respiration. Now, everybody knows that under normal conditions the baby cries the moment it is born. Besides, twenty-five years of close observation has taught me that the placenta is found detached in the uterus as soon as the fetus is born.

in seven of them. And what would have happened if, in the remaining fifteen cases, in which the placenta did not leak but the relation of the fetal and maternal blood was the same, he had caused a leak by his experiment and forced some of the fetal blood into the maternal system?

According to Dienst albuminuria gravidarum, respectively eclampsia originates when the blood of the mother and fetus compare with each other like the blood of two different species and when there is a communication between the two. A small leak causes albuminuria, a big leak, eclampsia.

In other words, eclampsia is caused by the transfusion of heterogenous fetal blood into the maternal blood, and Dienst points out that the symptoms of eclampsia are the same as are caused by the transfusion of the blood of an animal of one species into the system of an animal belonging to another species, as for instance, from a sheep to a dog, and that the same symptoms used to be observed in man when sheep's blood was used for transfusion.

The agglutination of the blood corpuscles causes in either case dyspnoea, increased peristalsis, vomiting, stomachache, involuntary movement of the bowels, albuminuria, hemalbuminuria, hemoglobinuria, convulsions, high fever. Postmortem examinations show the same changes in the liver and other organs in both conditions.

All of Dienst's cases of eclampsia which recovered showed the greatest power for agglutination on the fourth and fifth day, and on the seventh or eighth day pronounced hemolytic power; these characteristics were missing during the convulsive state.

Agglutinins must have been present in the maternal blood, no matter in how small a quantity, and they are simply increased, while the hemolysins are formed as a means to get rid of the foreign substances, viz., the blood of another species.

Hemolytic eclampsia-serum agglutinated only so-called normal blood and dissolved it. This reaction of the maternal body must be considered a defensive means, because a normal fetal blood has abnormally entered the maternal agglutinin-holding blood. We would have to take for granted that the maternal blood in these cases has been pathological to start with, or better, that it was an agglutinin-holding immune blood, while the fetal blood was normal blood.

Before we can seriously discuss Dienst's contentions we must await their confirmation by reliable and competent investigators.

While a contemplation of the etiology of puerperal convulsions as we teach it to-day may impress the superficial observer with an idea that we have made considerable progress along these lines during the last twenty-five years, a contemplation of our present means for preventing or curing eclampsia ought to lead to no such favorable estimate of our present mode of treatment compared with that of twenty-five years ago, for the simple reason that we evidently have failed to reduce the mortality. In Germany, at any rate, there must be plenty of women dying of eclampsia when Schmorl can examine the lungs of eighty-three eclamptic women, and

when Henkel, chief physician of Olshausen's clinic, in reporting sixteen cases of lumbar puncture with four deaths, explains that this mortality is no smaller than the ordinary mortality in Olshausen's clinic, which he states as being 20 per cent. And yet I hope to show you that we have made considerable progress. We have made none whatever, it is true, in the non-operative treatment because we use the same medicines that we used then, and the necessity for promptly emptying the uterus in certain cases was then as well understood as it is now, but a great deal of progress, I am sure in meeting that indication promptly and safely when it arises.

The best treatise on the subject that has ever come to my notice is that of Fordyce Barker in his work on puerperal diseases, published in 1874, a German translation of which was published in 1880, and it has been my constant companion ever since.

The truth is that most statistics can give no adequate information of what we can really do to prevent or cure eclampsia because, with few exceptions, the cases are neglected until they are seized with convulsions, and by the time they reach the different clinics those institutions can hardly be held responsible for the results. I dare say that most of the eighty-three eclamptic women whose lungs Schmorl examined would be alive had they entered Olshausen's clinic on the day they found themselves pregnant, for there is no doubt about our ability to prevent eclamptic convulsions in most cases, and of our being able to empty the uterus quickly and safely in almost every case in which that indication arises.

The fact, however, remains that about 20 per cent. of all women seized with eclamptic convulsions die, and that the profession at large, and particularly the teachers of obstetrics, are responsible for this deplorable condition. In Germany the majority of women have no care whatever during pregnancy, or at least only such as an ignorant midwife can bestow. In this country conditions are very much better, but they are far from what they should be, and the number of women who place themselves under the care of a practitioner early in pregnancy and who are closely watched, and whose urine is regularly examined, forms only a small percentage of all the cases of pregnancy. To improve these conditions is the duty of governments and of state boards of health.

Another factor that is responsible for the bad general results is that teachers and advocates of modes of treatment do not keep in mind the necessity of gaining their ends with the simplest means possible, such as can be employed by every practitioner and that can be procured in every hamlet.

It is all very well to talk of lumbar puncture, renal decapsulation, Cæsarean section and similar operations as being indicated in special cases and under special surroundings, but such methods can never reduce the general mortality. What is needed is a line of treatment that will meet all conditions as they arise and that will insure prompt and intelligent action on the part of the profession at large.

Let us now consider what means we have for preventing convulsions in

pregnant women and later on we will see what we can do in the cases in which prevention has failed. Pregnant women should not overload their digestive apparatus by eating much more than they really need and they should keep all the organs for elimination of waste material in an ideal condition. That means they should keep their skin clean and active by frequent bathing or washing; they should keep their bowels well regulated and they should drink enough pure water to insure a good daily average amount of urine. The urine should be examined once a month during the first half of pregnancy and once every week during the second half. The moment that small amounts of albumin are noticed the diet should be regulated by excluding meats and eggs and the patient should drink large quantities of water, either carbonated or plain; watery stools should be secured by the use of epsom salts, Hunyadi Janos water or other saline cathartics.

When there is considerable albumin present, with or without cylinders, a strict milk diet as advocated by Tarnier in 1876 should be insisted upon. Such patients live for weeks on milk, water and a few crackers; they ought to drink at least four pints of milk a day and as much more as they can stomach. With the disappearace of the form elements and the reduction of the albumin a modified diet may be substituted. Such cases are under constant observation, the urine is examined daily both as to quantity and quality and as a rule they do well; the albumin may not entirely disappear, but the amount is small and the patients usually go to full term without becoming eclamptic.

To be sure the albuminuria is not the cause of eclampsia, but it indicates that the oxidation of the nitrogenous waste products is low and that the intermediary products are accumulating in the body. By reducing the quantity of nitrogenous food to a minimum and by assisting the eliminating organs we are working in the right direction.

In many cases a sudden decrease in the amount of urine with an increase in the specific gravity, high vascular tension and severe headache precedes the outbreak of convulsions and gives us a chance to prepare for the catastrophe. The urine under such conditions is very scant; specific gravity 1040 and more and the amount of albumin and foreign elements it contains is enormous.

Such a patient should be put in wet packs in order to produce profuse perspiration, she should be freely purged and the arterial tension reduced by tincture of veratrum viride or better, by venesection. If possible she should be removed to a hospital, otherwise a medical man should remain on guard with her ready to act the moment convulsions set in.

With the first convulsion the patient should receive one-half grain of morphia hypodermically and one-sixth of a grain after every subsequent convulsion, provided that there is still reasonable kidney activity. When the secretion of urine is suppressed the woman should be delivered at once, no matter what period of pregnancy she is in. She is chloroformed, placed on an operating table and the closed cervix made to fully dilate in a very few minutes by one

of three means, according to the nature of the cervix and the ability or the equipment of the physician.

In multiparæ, and even in some primaparæ, the cervix may be found open and yielding. In that case the human hand is the one instrument which is always at command, and it should complete the dilatation until the canal is wide enough for delivery. In other cases steel dilators of any kind may be used until a sufficient degree of dilatation is reached for the passage of one finger. Bossi's dilator in three well-selected cases has enabled me to dilate at maximum within from five to ten minutes without causing tearing of the cervix. In cases of rigidity of the cervix incisions with knife or scissors will overcome the difficulty, and even in the most stubborn cases the splitting of the entire cervix anteriorly and posteriorly after Duehrsen's method will enable us to deliver quickly and safely and with no need for other instruments than such as ought to be found in every obstetrical satchel.

When the convulsions occur during labor we may use morphine as above mentioned or chloral hydrate per rectum or chloroform inhalations, and we should deliver the woman as soon as dilatation is complete. In severe cases we should force dilatation by the above-mentioned methods. It is important that the patient be deeply chloroformed when the fetal head reaches the floor of the pelvis, and that delivery, removal of the placenta and repairing of perineal tears should be accomplished under deep narcosis; otherwise the pain and the fright of the patient are sufficient to precipitate new attacks. In removing the placenta a moderate hemorrhage should be encouraged, as this may render a venesection later on unnecessary.

Convulsions continuing after delivery or developing at that time should also be treated by the free use of morphia, supplemented by chloroform inhalations and chloral hydrate for controlling the attacks; the eliminating organs should be set to work by saline cathartics and the stimulation of skin and kidney activity; where the arterial pressure is very high venesection may be resorted to, or Norwood's tincture of veratrum viride in doses of fifteen to twenty minims may be given hypodermatically.

There is no doubt that by prompt and systematic treatment and action a good many cases might be saved that are now lost, for it is well understood that as a general rule the prognosis gets worse with the number of attacks. On the other hand, we must admit the greatest difference in the severity of cases, and that under present circumstances it is next to impossible for the general practitioner to make his patients submit to the above program, especially as to its preventive part.

In conclusion, I wish to say that in the future we may expect great help in preventing eclampsia from the administration of spermin by insuring the complete oxidation of the nitrogenous waste products, and I believe that the favorable results reported by Nicholson of the use of thyroid extract are due to the presence of katalysator in the extract. This should be a matter of future careful clinical study.

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A NEW HÆMORRHOIDAL CLAMP PERMITTING SUTURE OF SEARED SURFACE BEFORE REMOVAL OF INSTRUMENT.*

By Robert F. Amyx, M. D., of St. Louis.

In presenting an addition or a modification of any instrument which is in common usage, the reason for such a deviation should be made from a study of certain untoward effects which have arisen from the use of the original instrument; therefore an effort will be made to briefly describe the objects which are to be obtained and accomplished with the ordinary clamp which is in use in the clamp and cautery operation for the removal of hæmorrhoids. They are as follows:

The hæmorrhoids should be clamped with sufficient force so that the tissues will be crushed to a degree that will rupture the intima of the veins which make up the hæmorrhoidal zone, and also the arteries which are present, so that the lumen of the blood vessels will be closed sufficiently after the clamp has been removed to resist any ordinary force within them that would be likely to lead to a tearing down of the barrier which has been formed within the vessels.

2. The periphery of the clamped hæmorrhoidal zone is to be removed and cauterized to within one-eighth of an inch from the surface of the clamp.

These two procedures comprise the two steps which are considered necessary for the complete technique in the operation. It is at this particular part of this operation that the author begs to emphasize the necessity of some kind of an effort to prevent (1) the possibility of early hæmorrhage; (2) the separation of the clamp and cauterized edges of the wound; (3) the occurrence of a wide ulcerating area; (4) late hæmorrhage, which often follows any ulceration of the cauterized portion; (5) after cauterization has been performed, such measures should be employed that will insure a permanent approximation of the clamp and cauterized tissue; (6) this can be best accomplished by sutures which are placed before the removal of the clamps, the sutures being passed down to the point where the clamp exerts its greatest force.

When the clamp is removed there is a relaxation of the crushed tissue. This relaxation often leads to a partial separation of the edges of the wound; this leads to a weakening of the barrier which is within the vessels and

*Read before the St. Louis Medical Society, April 8, 1905.

lying below the line of cauterization.

Consequently, in cases where there is extreme tenesmus following the operation there is oozing of blood from the partially open vessels, and as the pressure in the blood vessel is increased, there ensues a hæmorrhage of a varying degree, often constituting a severe hæmorrhage. Where the pressure is not great, but there is an escape of blood beneath the line of cauterization, there will often be found a small collection of blood under the mucous membrane. This will frequently cause a separation of the cauterized edges, and where severe hæmorrhage does not follow, it opens a field for the possibility for a late one.

The cause of the relaxation which follows the removal of the clamp lies in the slight lateral tension in the walls of the rectum. In instances where the hæmorrhoidal zone is small this lateral tension is practically *nil*, but in cases where the zone which is grasped within the blades of the clamp is one inch or more, the lateral tension becomes an important factor. This is particularly noticeable with large internal hæmorrhoids as well as in those of the external variety. In addition to the relaxation of the tissue, the presence of gas and fecal matter will disturb and often tear open the wounded surfaces. When the cauterized edges are separated, hæmorrhage often follows immediately or within a few hours after the operation. Where this does not occur, the exposed freshly-wounded surfaces become readily infected; a sloughing process follows, which often leads to an ulcer. This process may continue and ulcerate into one of the arteries or veins at a time remote from the primary operation, varying from seven to sixteen days after operation. Besides the constant danger of hæmorrhage which follows the separation of the edges, there is always a longer period necessary for complete repair of the parts.

With the above mentioned observation in mind, the author has endeavored to add to the ordinary clamp in common use an auxiliary which will accomplish the desired end. It is as follows: Two flat pieces of metal are welded on the upper surface of any ordinary clamp, each half corresponding to the blades of the clamp. The surfaces of the pieces of metal are furrowed at intervals of one-fourth of an inch across each blade of the clamp, and extending the entire length of the blades of the clamp. These furrows, when the clamp is closed, come together and form furrows extending across the face of the clamp, each furrow being one-half inch in length and one-eighth of an inch in depth, and extends down to the original biting portion of the clamp. The sutures can be very easily applied with a small curved needle. It can be either a continuous or an interrupted suture, and should be applied before removing the clamp. The curved needle carrying the suture should be passed down into each furrow, and should be kept in contact with the bottom of the furrow, so that the suture will enclose sufficient tissue in order not to cut through. With this device the clamp and cauterized surface are securely fixed together, so that early hæmorrhage does not occur; it gives a better opportunity for early union, so that

separation of the clamped portion will not follow; ulcerative processes do not follow, and the possibility of late hæmorrhage is limited. The clamp affords all the advantages of any now in use. The auxiliary can be applied to any clamp.

The question may arise whether or not the sutures could be applied on any ordinary clamp without the addition of the above named furrows and obtain the same result? This can be done, but the available tissue above the surface of the clamp does not allow the needle to pass down to and into the portion on which the greatest force is exerted by the clamp; therefore there would be insufficient tissue for the suture to grasp. The object of the sutures is not only to keep the edges of the wound together, but also to keep the entire clamped and cauterized tissues securely matted together, so that there will be no separation either through any relaxation of the tissues or by being torn apart by the presence of gas or fecal matter.

THE VALUE OF GETTING CERTAIN PATIENTS UP VERY EARLY AFTER LAPAROTOMY.*

By Willard Bartlett, A. M., M. D., St. Louis.

The idea of letting laparotomy patients up the very next day after operation may seem rather uncanny to one who gives the subject thought for the first time, but it seems to me that the importance of doing something of this kind can, in certain cases, hardly be over estimated. The word "certain" appears in the title of this article and I desire that it be emphasized, for I do not wish to be misunderstood as going to the extreme of permitting all of these sufferers, or indeed a very large number of them, to get out of bed during the early days of their convalescence. It is to be expressly stated that most of my patients remain in bed from eight to fourteen days after the abdomen has been opened, the time varying somewhat with the location, extent and condition of the wound. There was a time when laparotomy patients were kept in bed for three to six weeks after operation, although the abdomen had been sewn up tightly and although every condition was favorable. But that time is happily long since past as far as I can judge from the practice of most men with whose work I have the honor to be at all familiar. We have all had occasion to note that simple rest in bed undermines the strength of a patient and incapacitates him or her for customary activity for a length of time varying directly in proportion with the length of the confinement. Hence it stands to reason that a patient who finds himself unable to walk about and pursue his customary vocation after having remained on his back for two weeks, will find himself decidedly more helpless if the confinement is extended to six weeks. Indeed, it is distressing to observe the attempts of such individuals to regain their lost muscular vitality. It has been my

*Read at St. Louis Medical Society, March 18, 1905.

experience that the patient who has remained in bed from one to two months commonly takes almost as much more time to regain strength enough to walk or enjoy life. Hence it is a logical conclusion that patients should be let up as early as is consistent with repair, a period which, as I have stated, I find to vary from ten to fourteen days in the average uncomplicated (and hereby is meant non-infected) abdominal wound. Hilton's work on rest and pain revolutionized the surgical practice of his time, but is it not also possible that many were led to go too far in pursuance of the leading idea expressed therein? Apply the principle to a short, median abdominal incision and consider that a patient who is kept in bed for no other reason than that a wound shall heal tightly is profiting by physiologic rest of only an inch or two of abdominal parietes, while all of the vital organs are exposed to a condition which is, to them, pathologic.

Most patients who experience a smooth convalescence become somewhat restive after a few days, ask to have the head elevated, look for some form of amusement with which to pass the time and, indeed, frequently express a desire to get up. But what undesirable consequence of such liberty presents itself first of all for our consideration? It is always the fear of post-operative hernia. Now this undesirable accident has been shown in the great majority of cases to be largely influenced by certain well-known conditions and these are, first of all, an incision improperly made; second, unusual intra-abdominal tension; third, inadequate wound closure, and fourth, suppuration; all of them dangers which can to a certain extent be obviated.

In making abdominal wounds nowadays we are extremely careful not to divide muscle fibers transversely, or to cut off the nerve supply from muscle masses. Increased intra-abdominal tension after laparotomy can in many instances be successfully combated by getting the patient up early, as I shall prove by citing specific instances later. Abdominal closure needs no detailed discussion here. That subject has almost been exhausted and the surgical world seems to have reached the conclusion that the necessity of haste in completing an operation is the only legitimate excuse for the through-and-through suture. Suppuration of a clean abdominal wound is a condition which we have practically under our control.

Another objection to allowing our patients to sit up early might be the danger of detaching portions of thrombi from pelvic or other large veins; but, indeed, if this danger is to be considered at all then we would have to keep all patients in bed a much longer time than we now do any of them, for we well know that if thrombosis of veins takes place at all, the process of cicatrization is extremely slow. Then my experience with thrombosis has been that it occurs rather late than early in the convalescence of a patient who is in bed after a surgical operation. Hence it would seem natural to forestall any such action by facilitating the venous circulation as is certainly done through muscular activity.

On the other hand, experience has

shown me that certain patients profit greatly by being allowed to get out of bed during the first week of convalescence after abdominal section. I have noted numerous reasons why this is so and in order to make each clearer, shall take the liberty of citing a case which illustrates each of them. Other things being equal, the older the person the earlier he or she should be allowed to get out of bed. We know very well from sad experience in other lines of surgery, for instance in fractures of the thigh, that this is too true. I have seen it exemplified in numerous instances after laparotomy that very old people if allowed to remain upon the back become despondent, lose hope, no longer take an interest in their surroundings and in a general way commence to decline, to say nothing of the various vital functions, which will be considered later.

One of the best evidences of this kind I ever had was in the case of a lady seventy-five years of age on whom I did a gastro-enterostomy for carcinoma of the pylorus on the 2d of October, 1903. The operation was a very short one, requiring but a few moments for its performance with the Murphy button. The patient never vomited after the procedure, did nicely in every particular for the first day or two, then commenced to tire of her fluid nourishment which she had been taking from the first in liberal quantities. At that time I had not given the subject under discussion any attention, and consequently I hardly knew what to do. The patient, however, solved the difficulty for us by begging to be allowed to sit up in a chair by the window, so on the sixth day, with much trepidation, her wish was granted and from that very moment she commenced to take her food eagerly, her expression changed, all of the vital functions improved and in a short time she was up and around and doing as nicely as could be desired, although the subject of an irremovable cancer of the stomach and almost four score years of age.

Another reason why patients should be placed in a chair two or three days after the abdomen has been opened is the presence of a malignant disease in any of the abdominal organs when the same has progressed too far for radical operation, such patients as Dr. W. J. Mayo has shown, as above mentioned, will never get up if they don't get up early. His custom, which I now invariably follow, is to suture the unyielding structures in the abdominal wall with some non-absorbable material and then treat the abdomen as though it had never been opened. His past experince has shown him that this is the only sure way to get these patients out of the hospital alive. I have very recently had a practical proof of the truth of his statement.

On the 2d of this month (March, 1905), a lady, fifty-six years of age, the subject of a tumor of the splenic flexure, presented herself for operation. Her disease had apparently persisted for about a year and during the last three months she had experienced four attacks of obstruction. She had lost fifteen pounds and was by no means a desirable subject. But I opened the abdomen, found the tumor firmly adherent to surrounding structures and had to content myself with a lateral anastomosis between

the lowest loop of the ileum and the freest portion of the sigmoid flexure. She did only fairly well for three days, there being some persistence of her former partial obstructive symptoms, when at the expiration of that time the whole picture changed in an hour by simply placing her in a chair by the window. Of course she was allowed to sit up but a few minutes the first time and for less than two hours the next day, but from this time there was a complete change in her demeanor, she expressed herself as feeling better in every way, being relieved from the excruciating backache she had had ever since being placed on the operating table. In a few days more she was walking around, and on the thirteenth day after the operation went home, a distance of a hundred miles, without any of the symptoms which she had presented.

Abdominal drainage certainly furnishes us with one of the most vital reasons why the body should be maintained in the vertical posture. Fowler showed us with one stroke how to cut our mortality from peritonitis in two when he taught us to set our patients up after operation to give the pelvis a chance to drain. I cannot better exemplify this than by citing the case of a young man on whom I operated on the 2d of February, 1905. Mr. W., twenty-six years of age, had been operated upon by me and the appendix removed during an acute attack, one week previous to the day mentioned. Then upon the appearance of very positive pelvic symptoms, namely, rectal tenesmus, frequent painful urination, distention, together with a rise in pulse and temperature, I made a one-inch incision just above the pubes, introduced a rubber drainage tube and immediately placed the patient in a sitting posture, where he was kept for several days, or until every one of the symptoms just mentioned had disappeared. The idea of draining the lower peritoneal segment in this way through a very small incision I have found to give most excellent results where nothing more serious than this symptomatic treatment is to be attempted. I mean by this, of course, that the cause should be the first object of search, if this be not at the expense of the patient's life. A hole just large enough for the introduction of a drainage tube allows no viscera to escape and causes no hernia later.

In this connection a consideration of the pulmonary functions will naturally appeal to anyone. All will grant that many a post-operative hernia could have been avoided if there had appeared a feasible method of improving the circulation in the lungs upon the first evidence of trouble. A patient who serves as a living illustration of what should have been done is Mr. McM., whose appendix I removed in the interval on the 18th of January, in this year. He had a very slight bronchitis when he was operated upon and should not, in the light of subsequent events, have received ether, our usual anesthetic. But he did, and two days later had a lobar pneumonia on the left side below and with this a purulent bronchitis. His respiration was 36, temperature 102° and his pulse 90 at six o'clock in the evening. The next day, however, he was much better and there was scarcely any longer evi-

dence of consolidation. But the bronchitis persisted and his rest was considerably broken by the difficulty in bringing up and expectorating the profuse excretion. So on the sixth day, at his urgent request he was allowed to sit up in a chair and from that time on had not the slightest difficulty of this kind. I have never seen a more grateful patient and under similar circumstances I shall treat one in the same way with the single exception that the treatment will be instituted earlier.

In the same line is the case of Mrs. W., whose gall bladder was removed on the 8th of March just past. The course of her recovery was uneventful up to the third day, when she suddenly complained of great difficulty in getting her breath. There was as yet no rise of temperature or pulse, but knowing the special danger to which these patients are exposed upon whom operation has been done in the vicinity of the diaphragm, she was immediately allowed to sit up, and we were rewarded by the instantaneous disappearance of this single warning symptom. She was instructed to practice deep breathing, her bandage was made as loose as possible around the upper abdomen, and while I cannot say that her life would have been in danger if she had staid flat on her back, still the fact remains that she no longer had any difficulty in getting her breath and has made an absolutely smooth recovery since the moment when she was allowed to sit up.

I have found digestive disturbances after laparotomy to be markedly influenced by allowing the patients to sit up. On the 23d of February last I did a most extensive abdominal hysterectomy, with dissection of the ureters, etc., upon a Mrs. B., sixty-two years of age. There was absolutely no loss of blood, and although the extensive dissections necessitated an operation which lasted fully an hour and a half, the patient was all right for the first few days after the procedure. We make it a practice of attempting to nourish all kinds of debilitated patients as soon as possible after every operation, the same day, if they are not vomiting. In this case we were nonplussed by the fact that it was impossible to get this old lady to take a sufficient amount of nutriment fluid as late as the fourth day, hence upon the fifth day we placed her in a chair with the happy result that she at once commenced to take everything that was offered her, expressed herself as being free of the backache for the first time, and began to take a vivid interest in her surroundings. From that time until the present we have experienced no further difficulty with her and she has been up every day.

Another post-operative phenomenon which has been most beneficially influenced by getting the patient up, is vomiting. I did a Murphy button gastroenterostomy for an irremovable carcinoma of the stomach on the 23d of April, 1904, on an elderly man. He was a person who had never been sick in bed, and after the operation he remained extremely restless and continued to vomit just as before, presumably because the opening on the anterior wall of the stomach was too high for perfect drainage as long as the patient maintained a recumbent position. On the second day we washed the old gentleman's stomach out and

sat him up. The change was marvelous. He stopped vomiting and commenced to take fluid, was around his room on the sixth day, out in the garden on the ninth and traveled eighty miles on the train three days later, exemplifying once more what has been taught us about the subjects of malignant disease of the abdominal viscera, namely, get them up early if you want to get them up at all.

Another reason for letting patients get up early after abdominal section (and by this I mean within twenty-four hours)is to facilitate the passage of the urine. This is a matter of the gravest import, and one which has not in my opinion received the general consideration due it. The danger of catheterizing a man (and it is bad enough to catheterize a woman unnecessarily), does not seem to have impressed itself upon the profession generally. I refer, of course, to cystitis and ascending infections of the the ureter, and what I say is prompted by bitter experience, because I have seen (but I will state in self-justification that I did not do the work) the most violent pyelitis and pyelonephritis follow the use of the catheter in patients who could not pass the urine after a surgical operation. I cannot do better than to quote the history of a little boy upon whom I operated for inguinal hernia last summer. This child, seven years of age, was absolutely unable to urinate after the procedure, although the bladder was plainly full. We used hot enemata, hot water bags on the abdomen, allowed him to sit up without anything being effected, and finally allowed him to stand up, when he emptied the bladder spontaneously. I have often found it necessary to repeat this procedure, although I will state that usually after this has been done once or twice the patient experiences no further trouble in passing the urine lying down. But I feel so seriously on the matter that I would permit any of my patients, otherwise in fair condition, to stand up in the effort to void his urine before I would permit him to be catheterized or do it myself.

The matter of emptying the bowels does not generally seem to have been considered sufficient ground for letting a laparotomy patient get up early, but I have found a few instances in which patients remained unrelieved by any other form of treatment. I have in mind a few who, after taking all sorts of cathartics and enemata, were unable to successfully and completely relieve themselves of gas and feces in any other than the sitting posture. I have in mind a young man on whom I did a gall bladder operation on the 2d day of February of this year, who retained enema after enema, vomited one drug after another and then took the bit in his teeth, got upon the commode of his own accord and succeeded in doing what drugs and nurses had been unable to accomplish. Although his gall bladder is draining, and he is naturally not just the kind of man I would like to see sit up, I have permitted him to do so every morning since the operation, and it is only by so doing that the young man has been permitted to live with any degree of comfort. He is the subject of an uncommon amount of gastric and intestinal fermentation, and unless he can sit up seems unable to relieve himself.

This brings us back to the subject of increased intra-abdominal tension. This was early stated to be due, in most instances, to accumulations of gas within the hollow viscera, or to the patients' efforts to empty hollow viscera through the mouth, anus or urethra (aside, of course, from all solid and fluid collections within the abdominal cavity). Now, there can be no doubt that we predispose a patient to hernia every time we allow the intra-abdominal tension to be increased, consequently I believe we do him less harm by allowing the weight of normal viscera to come against the abdominal wound in the sitting posture than we do by allowing the distended viscera to press upon it with the patient lying down.

When such patients are allowed to sit up they are, of course, protected as far as lies in our power by adhesive straps and binders. In some instances, as where the chief thing is to enable the patient to breathe, no retentive dressing is used on the upper abdomen. Here we prefer to put all the strain on the stitches rather than to risk a pulmonary complication.

With the possibility in mind that the patient may assume the erect position very early after operation, the surgeon will very naturally give his first care to the proper closure of his wounds. We close every abdomen with non-absorbable suture material; that is, non-absorbable material reenforces layer sutures of catgut in benign cases, and non-absorbable material alone is used in malignant cases. In the first class of patients we close all the layers separately with catgut except the skin, which is sewn with horsehair, or approximately with wound clips, and, in addition to this, two or three heavy tension sutures of silkworm gut are passed through all the layers and left in place for about two weeks. We place no dependence upon the lasting qualities of any kind of absorbable material, since numerous cases are on record where all of them used alone have failed the operator and the abdomen burst open of its own accord. What has just been said does not, of course, apply to the gridiron incision. Where operations are done for malignant diseases, we close everything *en masse*, except the skin, with heavy silk or linen, these being permanently left in place, and over them the skin is closed with clips, the entire procedure being calculated to subserve the principle of rapid operating in these depleted patients.

With wounds closed in either of the ways just detailed, it is impossible for the abdomen to come open of its own accord, no matter what the patient does. As far as the possibility of hernia following such radical treatment instituted in the first few days after a laparotomy is concerned, I am not prepared to state that it can never occur. I am willing to grant that most of the cases I have quoted are very recent, but still a few of them run back a year or two. But granting the possibility of a hernia, I believe all will agree with me that a live patient out of the hospital is decidedly preferable to a dead one with a perfectly united wound.

REPORT OF A CASE OF STRANGULATED UMBILICAL HERNIA IN WHICH CECUM, APPENDIX, ASCENDING AND TRANSVERSE COLON WERE FOUND GANGRENOUS IN SAC—ARTIFICIAL ANUS MADE AT PRIMARY OPERATION, FOLLOWED TEN WEEKS LATER BY DOUBLE RESECTION TO RESTORE INTESTINAL CONTINUITY.

By John Young Brown, M. D.,

Superintendent and Surgeon in Charge St. Louis City Hospital, St. Louis, Missouri.

Until Mayo devised his vertical overlapping operation, the surgery of large, uncomplicated umbilical hernia was far from satisfactory. In view of the high mortality in uncomplicated cases of this character, the following complicated case is of great interest:

Mattie T., the patient I wish to show you, was admitted to the St. Louis City Hospital March 7, 1904. She is forty-seven years old, married, mother of ten children. Family history good. Fourteen years prior to admission she noticed, after her first confinement, a protrusion at the umbilical ring. With each succeeding pregnancy the hernia grew larger. It gave her little trouble, and, with the aid of an abdominal binder, which she wore continually, she suffered comparatively no inconvenience. Eighteen hours before coming to the hospital she was seized with great pain, vomiting and the usual symptoms of strangulation. A physician was called, who attempted forcible taxis. Failing in this, the usual hot packs were applied. She grew worse, as a natural sequence of this treatment, and when seen by me at 7 P. M., I found the following:

A large, oval umbilical hernia, the size of an adult's head, tightly constricted at its base. The skin over the hernia was blistered from the hot applications used, and the general condition of the patient was bad. She was immediately prepared for operation.

Operation.—Transverse elliptical incisions were made surrounding the umbilicus and hernia; these were deepened to the base of the hernial protrusion, it being my intention to do a radical Mayo operation if conditions permitted. The surfaces of the aponeurotic structure were carefully cleared in all directions from the neck of the sac; the skin covering the sac was dissected back and the sac opened. On opening the sac, five or six ounces of offensive, dark, bloody serum gushed out. The sac was found to contain about two inches of ileum, the appendix, the cecum, ascending and transverse colon, all of which I found black, fetid and gangrenous, the constriction being at the umbilical ring. Without disturbing the adhesions of bowel to peritoneum at the neck of the sac, I split the umbilical ring external to the sac; this relieved the constriction, and I then ran my scissors through the large and small bowel, leaving an artificial anus at the distal end of the ileum, through which gas and fecal matter in large quantities began to flow immediately. A moist dressing was applied, the patient's stomach was washed, and she was returned to bed.

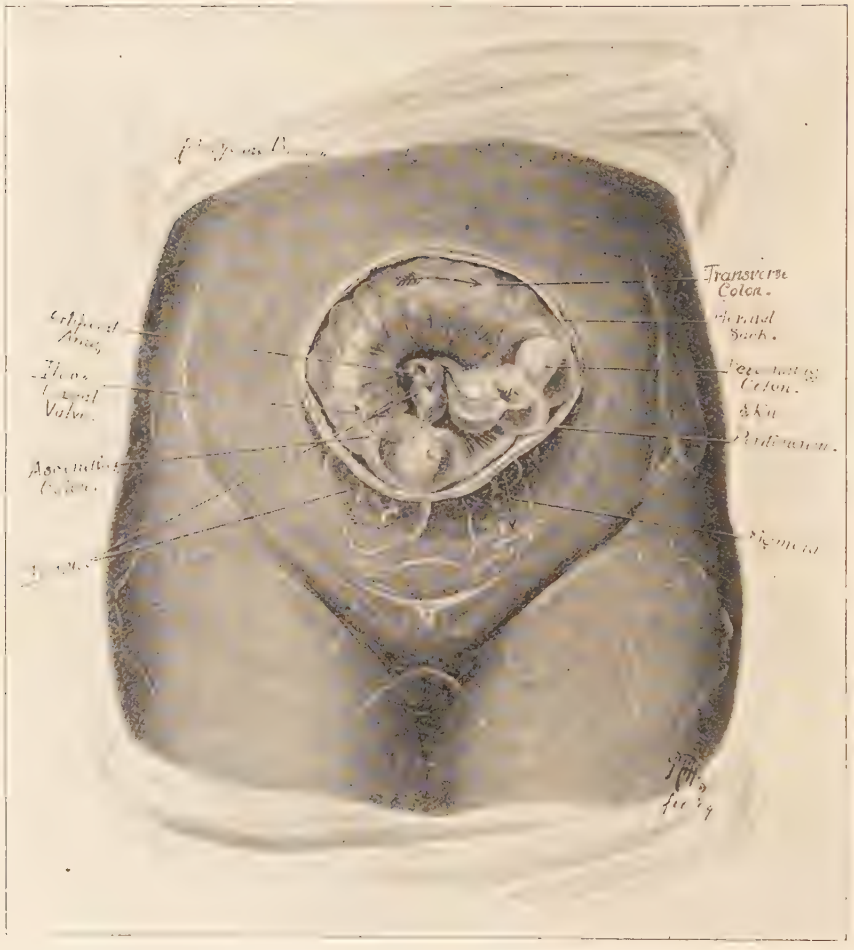


FIG. 1.

Figure 1 shows the contents of the sac. Figure 2 shows the method of relieving the constriction by cutting through the umbilical ring. The patient slowly reacted; the gangrenous bowel gradually came away; the wound contracted, leaving fixed in the umbilical ring the distal end of the ileum, through which was discharged fecal matter, and the opening which marked the beginning of the descending colon. This is shown in Figure 3. From this cut it will be seen that the descending colon, sigmoid and rectum were entirely out of commission; through a rectal tube a through-and-through irrigation of rectum, sigmoid and colon could be made out, the irrigating fluid flowing freely from below upward and out through the opening in the colon at the umbilicus.

Ten weeks after the primary operation I restored the intestinal continu-

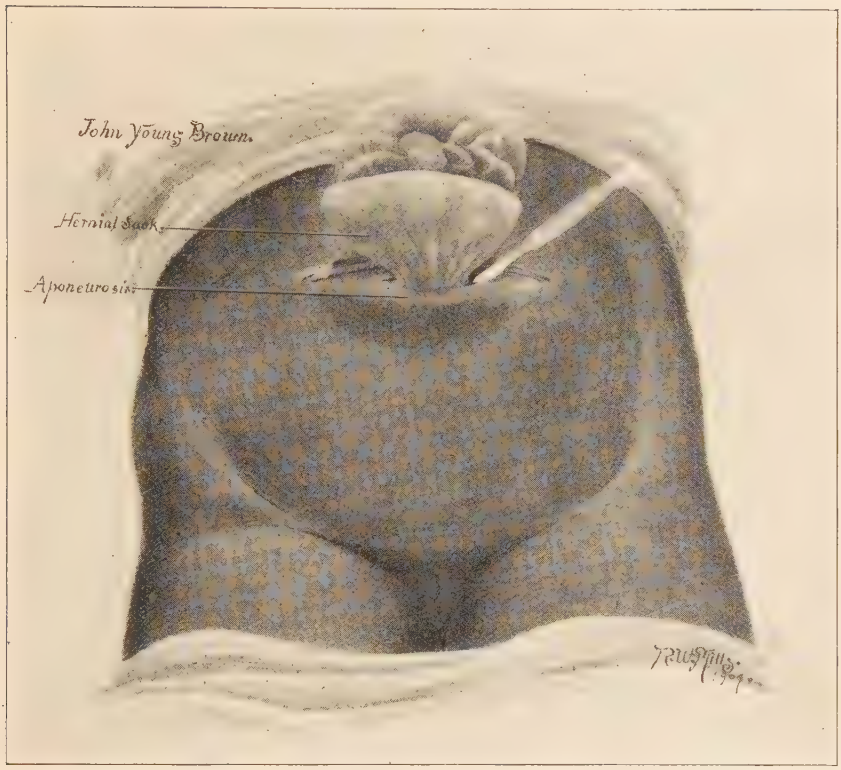


FIG. 2.

ity as follows: Owing to the large stump of mesentery fixed in ring, I did not deem it advisable to attempt a direct anastomosis by liberating adhesions and resecting at the hernial site. I, therefore, after carefully cleansing and sealing the two openings of bowel at the umbilical ring with gauze and collodion, opened the abdomen below the umbilicus through a median incision. The ileum was resected close up to its attachment to the ring, the portion of bowel distal to the bowel incision was closed with a pursestring suture, reinforced by a few Lembert stitches; the colon was then resected at its juncture with the sigmoid; the upper colon was then closed in the same manner as was the ileum. An end-to-end anastomosis was then made between ileum and sigmoid, the anastomosis being done with the Murphy button. The abdomen was closed in layers. The materials used for closure were catgut for peritoneum, muscle and fascia; retention suture of silkworm for skin, fascia and muscle; horsehair for skin. An examination of Figure 3 will show the condition of the viscera after the completion of the anastomosis. Note the pouch of ileum and descending colon, shown by dotted lines. The patient made an early convalescence after this operation. The rectum, which had been out of commission for

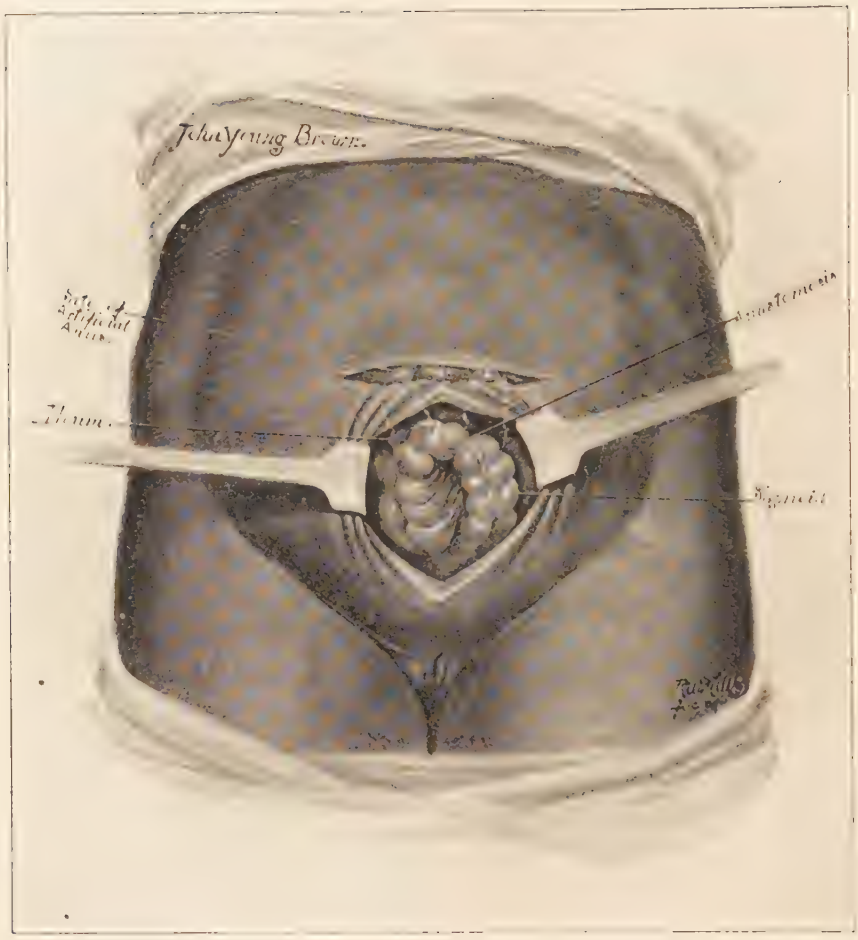


FIG. 3.

so long, took up its work in twelve hours. The button was passed on the nineteenth day.

At the completion of the second operation there were left the two blind pouches of bowel to be looked after. Cut No. 3 shows the pouches of ileum and colon, the dotted line marking the gut. I assumed that nature would evert these pouches, and that they could be removed later. I, therefore, sent the patient home for a month, at the end of which time she returned. As expected, the bowel on both sides had turned "inside out." The bottom of either pouch was seized with a forcep and the gut clamped and removed. The result was excellent, and there is now left only a small amount of mucosa, which can readily be removed with cautery or carbolic acid.

This case brings up a number of interesting points in regard to the surgical treatment of hernia. First in importance is the question of the management of bowel of doubtful integ-

rity found in a hernial sac. I am convinced that in all cases where it is possible, primary resection should be done. Recently I have operated on five cases of strangulated hernia, three inguinal and two femoral. In all of these, primary resection was done for gangrenous bowel through a supplementary abdominal incision, followed by a radical operation at the hernial site. Of the five cases four recovered and one died. The anastomosis was made end-to-end in each case, and with the button.

The supplementary incision affords many advantages over the old method of resecting at the hernial site, and, while I am well aware that serious theoretical objections can be offered to it, the results I have obtained speak eloquently in its favor. I shall shortly present this work in full.

Regarding the radical operation for umbilical hernia, until I adopted the Mayo method, my mortality was high, my patients not dying from sepsis, but from post-operative respiratory complications. Within the last year I have done the vertical overlapping operation nine times with perfect results and no mortality.

CERTIFIED MILK IN ST. LOUIS—RULES AND REGULATIONS GOVERNING THE PRODUCTION AND DISTRIBUTION OF CERTIFIED MILK IN ST. LOUIS UNDER THE AUSPICES OF THE ST. LOUIS PURE MILK COMMISSION.

CIRCULAR LETTER TO DAIRYMEN.

The St. Louis Pure Milk Commission, a corporation, which has for its object the reduction of the death rate in children, desires, in pursuance of this aim, to encourage the production of the highest grade of milk. To this end it has drawn up a set of rules for the operation of dairies and standards of excellence of milk and cream. These requirements have grown out of the experience of dairymen who have produced this high grade of milk under the supervision of commissions similar to this one in other cities. They contain only necessary and tried regulations, which have been shown to be practicable. They are set forth in the enclosed circular.

If you do not wish to avail yourself of this opportunity to have your dairy and its products examined, the commission does nothing prejudicial to your interests. The experience of dairymen under milk commissions in other cities has shown, however, that it is to the advantage of the better class of milk producers to have the excellence of their milk certified to by a commission composed of citizens not financially interested in any dairy, but simply anxious to improve the health of children and persons in delicate condition who depend on good milk for their welfare.

In order to defray the expenses which the commission will incur (such as cost of printing certificates, cost of making examinations, cost of inserting notices in daily and medical papers), we will charge the producer 1

per cent. of the gross receipts for the milk and cream to which we certify. This will amount to about one mill per quart of milk, and will not appreciably affect the cost of this milk to the consumer.

Any excess over expenses which the commission may receive in this way will be used in dispensing modified milk to poor infants.

It is obvious that these requirements can only be fulfilled by farmers and dairymen who have their own dairies, so that everything shall be under their *direct* control. We will, however, permit the dairy-farmer to distribute his milk to customers through an agent in the city, provided such agent makes a contract with the commission which will insure his furnishing only certified milk to customers who order such milk.

This agent's contract shall also embody requirements for the manner of receiving, storing and delivering to consumers certified milk so as to safeguard the continued purity and cleanliness and low content of micro-organisms of such milk. If such agent sells ordinary market milk also, he shall give bond in the amount of five hundred dollars, which he shall agree to forfeit if it is proven to the satisfaction of a quorum of the board of directors of the St. Louis Pure Milk Commission that he has in any sale substituted ordinary milk for certified milk. His contract as agent for certified milk shall also become void if he violates in any way the city ordinances regulating the sale of milk and cream either in handling certified or ordinary milk.

We know that there is a desire among medical men and the intelligent community for an absolutely trustworthy milk, which will create a demand for milk thus certified at a price which will make it profitable for you to produce such milk.

President of the St. Louis
Pure Milk Commission.

Circular of Information Concerning the Requirements of the St. Louis Pure Milk Commission for "Certified Milk."

The following requirements were drawn up by the "committee on certification" of the St. Louis Pure Milk Commission, a society and corporation which was organized for the purpose of reducing the infant mortality in St. Louis. The commission offers those dairymen complying with these requirements the use of caps on their bottles bearing the words "Certified by the St. Louis Pure Milk Commission." It also publishes in the daily papers a monthly list of the dealers whose milk it certifies, together with a condensed statement of the requirements which such milk must meet. Furthermore it allows those who avail themselves of this opportunity to have their milk certified to distribute the following certificate with each bottle sold:

"St. Louis Pure Milk Commission.
Milk Commission Certificate.

Date ———

Milk or cream from the ———— of ———— has been recently examined by the experts of the commission and found to be up to the required standards of excellence. Another examination is to be made within a month, and, if satisfactory, new

labels for the bottles will be issued, dated ————————.

(Notice the date.)

St. Louis Pure Milk Commission."

It also allows producers of certified milk to distribute copies of their contracts with us, embodying our requirements, as advertising matter.

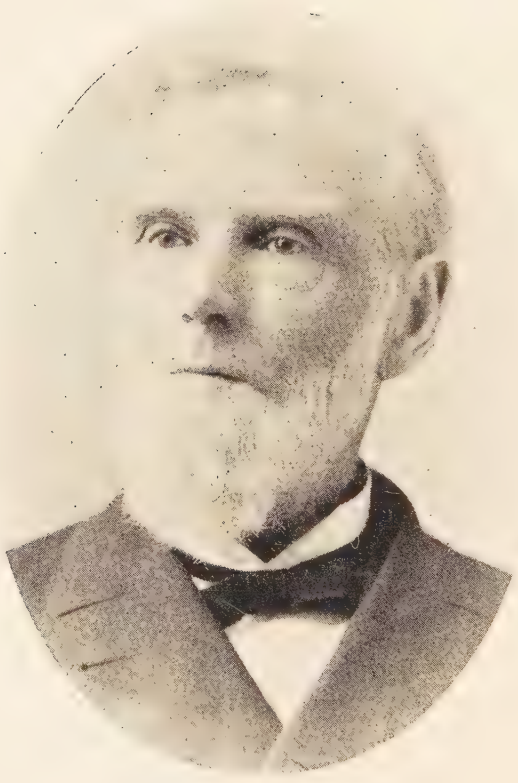
Before drawing up these requirements the "committee on certification" made a careful study of the requirements of all similar commissions in other cities. It corresponded with those commissions with regard to the success of such requirements, and asked for recommendations in the light of their past experience. It delegated one of its members to visit certified dairies near other cities and confer with dairymen who are producing "certified milk" under the supervision of milk commissions in other cities. The following requirements contain no requirements which have not been tried and found practicable.

The "committee on certification" of the St. Louis Pure Milk Commission is composed of members of the board of directors of the St. Louis Pure Milk Commission and of physicians (many of them specialists on the treatment of diseases of infants), who were delegated to represent various medical societies of St. Louis.

The personnel of the committee is as follows:

Board of Directors of the St. Louis Pure Milk Commission.

[To Be Continued.]



WILLIAM M. McPHEETERS, M. D.

Born, Raleigh, N. C., December 3, 1815. Died, St. Louis, March 15, 1905.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Meeting of March 25, 1905.

IN MEMORIAM.—DR. WILLIAM M. MCPHEETERS.

DR. WILLIAM M. MCPHEETERS.

IN MEMORIAM REPORT OF SPECIAL COMMITTEE OF ST. LOUIS MEDICAL SOCIETY.

Dr. LeGrand Atwood, Presiding.

This society, bereft of its esteemed and oldest colleague, would here attest its grief and record its appreciation of his integrity, professional ability, kindly personal character and usefulness as one of the pioneers of organized fraternal medicine in this city, state and country.

We tender to the bereaved family of our deceased brother, the sympathy of colleagues who knew him long and well, with high personal and fraternal regard. Through all his long life of four score years and ten he bore himself commendably, as the record of his length of days approve, through childhood, youth, early manhood, middle manhood and advanced years, as worthy of approbation in every stage of his life's action. He had always high ideals of unselfish usefulness to the world, of moral obligation to his Creator and duty to his profession. His standing as a physician was high and above reproach. For over sixty years this community felt the uplifting influence of his kindly heart, useful brain and helpful, ministering hand in the several aspects of his life as a man, a physician and splendid citizen. Born in Raleigh, North Carolina, he received his literary education in North Carolina, and his medical education was completed in the old Jefferson Medical College and in the hospitals of Philadelphia. Sixty-two years ago he was made professor of clinical medicine and pathological anatomy, later taking the chair of materia medica in the St. Louis Medical College, now a department of Washington University. Fifty years ago he became associate editor with Dr. M. L. Linton, a deceased member and ex-president of this society, of the *St. Louis Medical and Surgical Journal*, still flourishing among the medical monthlies of this city. While an interne in the Philadelphia Hospital, in conjunction with Dr. Kane, afterward famous as the greatest Arctic explorer, he made many original researches to establish the value of kyestein in the urine as a diagnostic factor in early pregnancy.

His record as a physician in the most critical time in the medical history of St. Louis, during the fearful cholera epidemic of 1849–50, was most faithful and creditable, as it was before, and has ever been since in all the great medical crises of the city, and as it was in the Confederate army when, true to convictions of political and professional duty, he went with the South, and was honored with the selection of chief of staff to Generals

Price and Pemberton. Just before the outbreak of the war Dr. McPheeters was the physician-in-chief of the Marine Hospital in this city, a position he filled throughout his term with efficiency and acceptability to the government.

In his church relations, in his official relations, as a plain citizen, as medical editor, as husband, father, physician, friend, he was always true and capable to the right demand of every relation and to every duty. His life was fruitful; his end was peace. The memory of his good example abides for emulation and memorial honor after length of days and goodness of deeds prolonged far beyond the ordinary allotted span of life.

Your committee, in selecting members to lead in remarks upon our deceased brother, have decided upon the following names, coming to our minds at the time of our meeting as having been nearest to or most familiar with his professional life. There are probably others who ought especially to be called upon to express themselves, and yet others who should speak:

Dr. J. M. Scott, a former faculty colleague, is suggested as one suitable to speak of "Dr. McPheeters as a Physician and Man."

Dr. LeGrand Atwood on "Early Recollections of Dr. McPheeters."

Dr. P. G. Robinson on "Dr. McPheeters as Colleague and Friend."

Dr. C. H. Hughes on "Dr. McPheeters as Preceptor and Teacher."

Dr. F. J. Lutz on "Dr. McPheeters as the Father of Organized Medicine."

Dr. Joseph Grindon on "The Lessons of Dr. McPheeters' Life."

CHARLES H. HUGHES,
Chairman.
JOHN J. MILLER,
LOUIS C. BOISLINIERE,
Committee.

EARLY RECOLLECTIONS OF DR. McPHEETERS.

BY DR. LE GRAND ATWOOD.

The remarks of others delivered this evening in memory of our beloved professional brother have been so comprehensive and deservedly eulogistic, that it seems almost impossible to offer additional tribute to a character so elevated and refined as was his.

The well-known adage, "in speaking of the dead, so fold your discourses that while their virtues are outwardly shown, their vices are hidden within," would seem inapplicable to Dr. McPheeters, inasmuch as, under critical observation for more than sixty years, he has deserved no word of censure; and, fold as we may the record he has made, there shall appear thereon only a history of virtues illustrating a most exemplary life.

The doctor arrived at St. Louis in the year 1841, and immediately obtained recognition at the hands of his professional brethren, among whom he soon took rank as a man of exceptional ability. Shortly afterward he accepted a professorship in the medical department of the St. Louis University, and continued to discharge the onerous duties of that position

with credit to himself and benefit to the thousands of students who have listened to his lectures.

It was in 1846 that I first had the pleasure of listening to him in debate. The discussion was before this society, in the basement of the Reformed Presbyterian Church at the northeast corner of Broadway and Locust street, where its sessions were then held, and the participants were Dr. J. B. Johnson, Dr. Adam Hammer and Dr. McPheeters. It was upon an important surgical malady, conducted with spirit and exhibitions of ability worthy of similar discussions in the present advanced state of surgical science.

Twenty years ago the St. Louis Medical Society, acting upon a resolution offered by Dr. F. J. Lutz, appointed a committee (composed of that gentleman, Dr. McPheeters and myself) to take such action as would tend to secure, by purchase, a permanent home for the society and its library, and to raise the necessary funds by subscription from its members and others to pay for the same. The recollections of the interest displayed and the energy exhibited by Dr. McPheeters in behalf of this commendable object was characteristic of him in all things appertaining to the welfare of the profession.

In 1886 the American Medical Association convened in this city, and for the purpose of royally entertaining that great representative body the local profession and interested citizens, together, subscribed $7,000, of which large sum $5,000 was judiciously expended for legitimate purposes, leaving in the hands of the committee of arrangements an unexpected balance of $2,000. As it was manifestly impossible to make an equitable return of this money to the many subscribers, the opinions of those most largely contributing were obtained, and coincided in the expression of a desire that the surplus should be devoted to some purely professional purpose. Accordingly, a proposition having in view the purchase of a permanent home for the society was presented and promptly rejected by the committee, which decided to contribute the funds for the purpose of entertaining the President of the United States, who was about to honor our city with his presence. Dr. McPheeters with two others bitterly opposed the proposition, and used every possible endeavor to save to the profession as a nucleus the amount mentioned, which, he asserted, would soon enable the society as a representative body to acquire centrally located property for the use and benefit of all local medical associations operating under the provisions of the American Code of Ethics. Though the strenuous efforts of the society's committee and of those opposing the action of the committee of arrangements proved abortive, they may well have incited to later and more successful endeavors culminating in the possession of its present magnificent quarters.

Nothing in the career of Dr. McPheeters so clearly demonstrates his admirable character as the sentiments to which he gave utterance and the conduct he displayed at a time which subjected his manhood to the severest test. Speaking of the trying circumstances which then surrounded him, he said:

"By birth as well as from choice and deep conviction of duty, my lot was cast with the Southern Confederacy, which I endeavored faithfully to serve in the capacity of surgeon in the army. While this is true, candor compels me to say that, not being a military man, I would not have felt called on to leave home and family and occupation had I been permitted to remain in the peaceful pursuit of my calling; but with my well-known southern proclivities, the alternative was forced upon me either to take an oath which I could not conscientiously take, go to prison, or go south. Under these circumstances I unhesitatingly chose the latter, ran the blockade, and in the early summer of 1862 joined the southern army. I have always believed that the authorities of the United States made a great mistake in the character of the oath exacted of those suspected of southern affiliation. It is indisputably true that every government has the right to require of all those living under its protection, not only to observe its laws, but also that they refrain from doing anything prejudicial to its interest. An oath of this character I might have taken, but when I was requested solemnly to swear that I did not *sympathize* with my kindred and friends on the other side of the line, I was simply asked to perjure myself—which, of course, I could not do. Loyalty is a thing of heart, and no man was ever yet made truly loyal to any cause by forcing on him an unwritten oath. All oaths, therefore, as well as all laws which go beyond the *overt act* and seek to pry into and control the feelings and affections of the individual, are inquisitorial and oppressive."

After referring to the death of General Albert Sidney Johnston by not having a surgeon with him on the battlefield, when he was wounded, who might easily have arrested the hemorrhage from which he died, he said to General Price on the day before the battle of Helena, that "to prevent such a disaster to him, if he had no objection, he would accompany him on the field on the morrow." His reply was, "Doctor, I would be very glad if you would do so." "I did not then realize, as I did afterwards when the whiz of the Minie ball and the shower of shot and shell reminded me of it, the extreme peril of the position I had voluntarily assumed; but my offer having been accepted, I remained with him during the hottest fight."

Returning to St. Louis at the close of the war he resumed his professional and other duties, exhibiting always the possession of those sterling qualities which distinguished him in every relation of life. More than twenty-five years after his return from active duty in the field, he expressed himself as antagonistic to a perpetuation of hostile feeling on the part of beligerants of either side, in the following beautiful and patriotic words: "It is high time all the asperities of the conflict—everything calculated to engender strife and alienation—should be forgotten, buried in the oblivion of the past, that nothing may interpose to prevent the once dissevered parts of our beloved country, like so many kindred drops, to be mingled into one grand, harmonious whole,

never again to be rent by civil feuds nor drenched in fraternal blood."

Recollections of Dr. McPheeters would be sadly incomplete did not they refer to his always manifest love of Christianity and devotion to his church. Without parading his unbounded faith in Biblical teaching, he never failed to exemplify his profound belief therein by his daily walk and conversation. As an instance illustrative of his courage in upholding accepted religious doctrine, it appears that upon returning from Bellefontaine after the interment of a member of the society, he quietly listened to an earnest advocacy of Darwinism as it relates to the origin of man, and when his three carriage companions had enthusiastically endorsed the theory, he indignantly exclaimed: "Gentlemen, I am surprised to hear such views expressed by you. The Darwinian theory is silly; there is but one true account, and that comes from the Maker, and is contained in the First Book of Genesis. It is the only authentic account, and there is no sense and no propriety in rejecting it." Upon another occasion during a Moody and Sankey revival an invitation was extended to those present, who desired to receive further religious instructions, to assemble in a rear room with others, a handsome and well attired young man availed himself of the invitation. A lady, within hearing of the doctor, asked the supposed inquirer if he desired to be talked with, whereupon he gave a negative reply and declared that religion was "only for persons of weak mind." This answer aroused the doctor, who quickly said: "If your heart were as weak as your brain, you would have been a Christian long ago," and afterwards refused to retract the remark, alleging that it was true, though, perhaps, delivered rather abruptly.

In all the relations of life, whether public or private, his example commanded admiration, and is worthy of emulation.

As we turned from his grave in beautiful Bellefontaine memories of his manifold virtues and excellencies crowded upon me, and I thought that if his faith was well founded, his was now "the spirit of a just man made perfect," and that already he had heard the welcome, "Well done thou good and faithful servant."

DR. McPHEETERS, THE COLLEAGUE AND FRIEND.

By P. G. Robinson, M. D.

I wish to say a few words in respect to the memory of our departed friend, who for so many years has occupied a conspicuous position in our midst, and has ever commanded our sincere regard; yea, more than this, our admiration. The nobility of his character has been so well known in this community, not only by his fellows in the profession, but equally by the large number of patients to whom his cares have been given, that it is almost a work of supererogation to say anything in praise or to add my encomium to those already made in honor and remembrance of the dis-

tinguished virtues of our departed friend. It is mainly as a colleage and associate in teaching that I would speak in memory of Dr. McPheeters.

There is no one of the profession now living, I believe, who was so long and continuously associated with him as a teacher of medicine as myself, and hence so well acquainted with his characteristics in that connection. When I came to St. Louis in the fall of 1867, seeking a new field of work, having been impoverished by the fortunes of war, he was the first to greet me; he was the first to extend to me the hand of fellowship and to welcome me to the ranks of the profession; it was through his introduction to the Faculty of the Missouri Medical College, through his influence, that I became a lecturer and soon a professor of clinical medicine in that institution. Thus for twenty-five years or more I was closely associated with him in doing the best we could for the education of our youth. In all that time our intercourse was most agreeable and harmonious, and of much profit to me.

As a man he was ever amiable and courteous, ever mindful of his obligations, ever thoughtful and considerate of the rights and feelings of others. *Homo sui juris*, he ever controlled himself, and so commanded the esteem and admiration of his colleagues. A gentleman born, one of the old school, endowed with all the virtues a man could have, he lived a long and glorious life; and now, though inexorable death has robbed us of his benign presence, yet his blessed memory still lives, a bright example to those who follow, and a reminder of all that is good and noble in life.

DR. McPHEETERS, THE PRECEPTOR AND TEACHER.

By Dr. C. H. Hughes.

I certainly cannot forego making a few remarks in this connection. The theme to which I speak carries me back to the time when I came to this city with a letter of introduction from a colleague of Dr. McPheeters, after two years of study, to matriculate as a student. The course then covered two years, but my preceptor thought I should study four years, and kept me at it for two years before he allowed me to enter medical college. I then felt for the first time the clasp of his generous, warm hand; felt what it was for a young man to be welcomed in the way that only Dr. McPheeters could give, the world all before him, not knowing, without the aid of others, how or where to choose. He was then professor of materia medica in the St. Louis Medical College. This was in 1857. The remembrance of Dr. McPheeters' counsel, his kindly aid, will abide with me until I, too, shall have been gathered like our dear departed friend, to my fathers.

At the close of the term I was surprised to receive from Dr. McPheeters the most coveted thing that could have come to me at that time. It was a request to become an interne in the United States Marine Hospital, over which he presided. I realized that it would have a great deal to do with my

medical career. He advised me to make excerpts from the *St. Louis Medical Journal*, and I have been more or less of a medical editor ever since.

Dr. McPheeters was so amiable, so gentle, so mild of manner, that everyone did not know how courageous he could be in an emergency. I recall an occasion in that first season of my hospital life, of a patient coming to the hospital with the most intense glossitis I have ever seen, and the first case of the kind I had ever seen. The tongue was three times its ordinary thickness and the whole mouth was filled with its enormous size. Dr. McPheeters said, "Here is a case that must be acted upon immediately." He had a long bistoury in his pocket case, and he had hardly said the word, until he had slit that man's tongue on either side nearly from root to tip. He allowed it to bleed until he felt that the man's life was safe, and then he applied adhesive strips and cold compresses. They did not know of tracheotomy at that time and the cutting was the only thing to do, and as there was no surgeon present he did it promptly and well.

Dr. McPheeters loved to help young men because he felt it was a duty, and because he saw the potentiality of future usefulness in them. There was a galaxy of great men here then—Dr. John B. Johnson, fresh from Boston, and the instruction of Bowdich in physical diagnosis; there was Linton, as brilliant a man as the Mississippi Valley ever saw, and Charles A. Pope, an elegant and scholarly christian gentleman, of whom Chesterfield might have said: he was the "highest style" of man, and Dr. Charles Boisliniere, able teacher of obstetrics and gynecology, and Dr. B. J. Watters, the man who conducted the controversy with Carpenter, of London, and who it was said came out the victor, on the question of organic or life force. There was also that forceful lecturer the elder Pallen, and that clear, concise and complete teacher of chemistry, Abram Litton. Dr. McPheeters was associated with all of those men, and although a modest man and less obtrusive than some others, he was equal to any emergency in medicine, and quite as well informed as any of his colleagues. While I was in the hospital I wrote most of the prescriptions Dr. McPheeters prescribed, and the hospital steward allowed me to dispense them. Living in the hospital with him constantly, writing down his prescriptions daily after seeing him make his diagnoses, making up the prescriptions and seeing them administered; that was his idea of making a doctor out of me. I had had a six months' course in pharmacy, that enabled me to see the value of therapeutics, and Dr. McPheeters was renowned for writing the most elegant of prescriptions in his time.

As Dr. Robinson has so well stated so much that I might say myself, I briefly bear record in conclusion to the fact that Dr. McPheeters aided me in these and in other ways on my way to a reasonable success in the medical profession, and under his help and counsel I gratefully recognize the auspicious beginning of

> "All that I am
> All that I have and can
> In my profession."

DR. WILLIAM M. McPHEETERS AS AN ORGANIZER.

By F. J. Lutz, M. D.

Immediately after his arrival in this city from Philadelphia, Dr. William McPheeters became a member of the Medical Society of the State of Missouri. This society held a charter from the legislature and was authorized to receive members from any part of the state. As a representative of the society, Dr. McPheeters had attended the Cincinnati meeting of the American Medical Association in the spring of 1850, and found that of the entire profession of the state only a few physicians were in attendance, among them the late Dr. J. B. Johnson. Upon his return from the meeting he introduced the following resolution, which was adopted:

"Whereas, In the opinion of the society, the time has arrived when it is both expedient and desirable to unite the medical profession of the state of Missouri for the purposes of mutual improvement and protection; be it therefore,

Resolved: That a committee be appointed to address the regular members of the medical profession throughout the state, notifying them to meet in general convention in the city of St. Louis on Monday, the 4th day of November next, for the purpose of forming a State Medical Association, with auxiliary societies in each town or county in the state."

To carry out this resolution, a committee was appointed, of which Dr. McPheeters was chairman, and it embraced in its membership Dr. J. B. Johnson, S. Gratz Moses, George Engleman and George Pim. This committee issued a circular letter to the physicians of Missouri, calling upon them "to send from each town, county or district delegates to form an efficient and permanent union of the medical profession for the purposes of mutual improvement and protection." A gratifying number of physicians responded by their presence to the circular letter, for on the 4th of November, 1850, a convention of physicians met in St. Louis and formed a State Medical Association, over which George Pim of St. Louis county, presided. There were about one hundred and fifty delegates present, representing some twenty counties. The activity displayed in this convention by Dr. McPheeters is best illustrated by the motion presented by him for the appointment of a committee from each county represented in the convention to prepare a plan of organization for a State Medical Association. So thoroughly had Dr. McPheeters prepared the ground work of organization, that the committee could, upon the reassembling of the convention on the evening of the same day, report a constitution and by-laws which were based upon the plan of the American Medical Association. The constitution was adopted, and under it Dr. F. G. W. Thomas of Booneville was elected the first president of the association.

How far-sighted Dr. McPheeters was is shown by the following resolution, which the State Association adopted at this meeting and of which he also was the author:

"*Resolved:* That it be earnestly recommended by the association to the

physicians in each county of the state of Missouri to form themselves into county and district societies to be auxiliary to this association."

But not only as a member of the Medical Society of the State of Missouri was Dr. McPheeters active in organizing the medical profession and taking an active part in all the work that pertained to the accomplishment of this end, but as one of the editors of the *St. Louis Medical and Surgical Journal* he wielded a wide influence by constantly calling attention to the value of the organized profession and by urging the formation of permanent local societies.

When the second convention of the physicians occurred in St. Louis on the 19th, 20th, and 21st of April, 1852, Dr. McPheeters was its presiding officer and the subject of medical reform and its accomplishment by the combined action of the National and State Associations was the theme of his address. In it he dwelled with much eloquence upon the necessity of a thorough organization of the profession and the benefits which would be derived from it, especially as a means for bringing about the much-desired object of medical reform in regard to elevating the standard of medical education.

Perhaps the reviewer of this address, who signs himself "E. H. G.," will, after more than fifty years, be gratified to know that his prediction, that all medical reform cannot come from organization alone, but must be supplemented by legal enactments, has come true as history teaches in this state as well as elsewhere.

We cannot but admire the zeal and enthusiasm with which Dr. McPheeters insisted that out of medical organization would come the highest good to the profession.

Dr. McPheeters had "builded better than he knew." His hopes of an organized profession have been realized, and more than realized, for what was "earnestly recommended' by his resolution, namely: "that physicians form themselves into county and district societies to be auxiliary to the State Medical Association," is now an accomplished fact in seventy counties of this state; and the association over which he presided when its membership was composed of about one hundred and fifty delegates, a large number of whom were from the city of St. Louis, is now a society of almost seventeen hundred physicians.

The St. Louis Medical Society which elected him as its president in 1856 and which he served as treasurer for the year 1858, has increased its membership more than five-fold since Dr. McPheeter's conducted the bi-weekly meetings.

Perhaps nothing which Dr. McPheeters accomplished as a member of the medical profession, not even his exemplary life as a gentlemanly physician, public-spirited and courageous, has left such an impression upon the medical profession of this state as the organization which he so enthusiastically initiated. Even after he had lived beyond the limit allotted by the Psalmist, he took an active interest in everything which concerned the medical profession.

Honored and respected by the people of this city and of the state, he has left an ineffaceable imprint upon the history of medicine in Missouri. His life of activity assures us that in paying his last debt to nature he passed "to where beyond these voices there is peace."

THE LESSON OF DR. McPHEETERS' LIFE.

By Joseph Grindon, M. D.

Among the hundreds who each day mingle their dust with that which yesterday they trod, a few live for a time in the memory of their fellows, a time short at the longest, but sufficient to exert an influence on those who remain. "The good" is not "interred with their bones," but persists as a living force. This form of victory over the grave may be achieved not only by the towering intellect, not only by resplendent genius, not only by the masterful will compelling the obedience of thousands, not only by participation in the large affairs of the world, but is also an inheritance of a life lived for simple duty, simple honor, and in simple faith. Such a record does not dazzle, but is a light that shines before men, and is really greater in the benefit it confers than are some others more brilliant and attaining to wider notice.

Such was the life of Dr. McPheeters and such the record he has left. Can we afford to pass lightly over the lesson it contains? Should we not rather inquire into the springs of action which made it possible? Even though the life of man were nothing more than a natural phenomenon, were not the life of a good man at least as worthy of study as are other natural phenomena?

The secret of the life of our late revered friend was that it was lived in accordance with ideals. That which determined each act, from the most lofty to the most commonplace, was not the impulse of the moment, not the fear of the world nor the hope of its favor, not the expediency of the hour, but a deeper, higher, broader, all-embracing sense of responsibility to himself, to his neighbor and to his Maker. How vast the gulf that separates the mere well-intentioned, amiable individual shaping his course by every taper glimmering from a neighbor's window, from him who unswervingly follows in the direction indicated by one unchanging star! The lofty and unfailing guide of Dr. McPheeter's conduct, was the knowledge and love of the right. This was his one ideal, which found expression mainly in three forms—

And first, because it lay deepest and included all the rest, was his religious ideal. This was expressed in a definite creed, but was best evidenced by his application of its most beautiful teachings to his daily life. His was a practical Christianity founded upon the Golden Rule. In all things he never forgot that he was in the service of his Master, and he sought to serve Him by serving His creatures. The question, "What shall I do to be saved?" and its answer, suggested to him the further question, "What can I do to help others save themselves?"

Second only to his religious zeal was his patriotic ardor. This was also of an eminently practical sort, and led him fearlessly to follow the right as he saw it. Not withdrawing himself from fancied contamination, nor with a cheap sneer at "politics," he held that there is nothing more worthy of the attention of the pure and noble than politics, which he

rightly regarded as a department of ethics. Thus he carried the same high ideals to the campaign meeting and the polling booth, and applied them in his conduct as a strong party man.

And, lastly, was his love for the art of Medicine, his zeal in its practice, and his devotion to its elevated aims and principles, and to the body which represents them. In these things you can all bear witness he never failed nor grew weary unto the end.

In a word, the lesson of Dr. McPheeters' life is this: that, above and beneath intellect, learning and skill, are the knowledge of the truth and love of it.

DR. WM. M. McPHEETERS AS AN ARMY MEDICAL OFFICER.

By Dr. J. J. Miller.

Mr. Henry T. Kent, of this city, in speaking of Dr. McPheeters, said:

"The dominant note which ran through his life was his strong conviction of duty and of steadfastness and courage in its performance. It was this spirit that caused him to make all the sacrifices that he did in his course in the civil war. To a man of the deep convictions of Dr. McPheeters it was impossible to remain neutral in such a crisis. He did not stop to count the cost, but obeyed without faltering the dictates of his conscience and cast his lot with the Confederate cause."

My first recollection of Dr. McPheeters was in January, 1862. He had occupied a chair in the St. Louis Medical College from 1843 to that time—1862. I had sufficiently recovered from accidental wounds received in the discharge of my duty as drill officer in General Harris' division of General Price's army to enable me to get around on crutches, and I then matriculated as a student of medicine in the St. Louis Medical College. It was not my privilege, however, to long enjoy the benefits of Dr. McPheeters' instruction. He delivered only a few lectures when he was missed from his accustomed place in the lecture room, and we were told that Dr. McPheeters had resigned his professorship and given up other positions of honor and trust which he held and cast his lot with the Confederates. He went to Richmond, Virginia, and tendered his services to the Confederate government. He was commissioned as surgeon and ordered to report to General Sterling Price, on whose staff he served as medical director and inspector through the greater part of the war, also acting for a short time on the staff of General Churchill. He participated in many campaigns, and was frequently under fire. He was in the battle of Helena with General Price, and afterward was left in charge of the seriously wounded Confederates at the residence of Colonel Allen Polk, near Memphis, Tennessee. I heard the doctor relate the following incident:

While at Colonel Allen Polk's, the doctor was visited by his wife, who took passage at St. Louis on a steamer going south. Aboard were several

Northern ladies going to Vicksburg. They treated Mrs. McPheeters with suspicion and discourtesy until Memphis was reached. There Mrs. U. S. Grant, wife of the general, came aboard. Mrs. Grant, learning that Mrs. McPheeters was the wife of Dr. McPheeters, whom she had known before her marriage, made the remainder of her journey pleasant, and secured Mrs. McPheeters the privilege of an escort and the use of an ambulance to reach her husband in comfort and safety.

It is a well-known fact that Dr. McPheeters was highly efficient in organizing and maintaining the medical arm of the service of the Trans-Mississippi Department, and it is a matter of great regret that in the burning of his trunk, in which his official papers and private diary were kept, we are deprived of authentic data concerning his official acts. He was paroled at Monroe, Louisiana.

That same spirit which carried him into the war, in which he had acquitted himself so nobly, enabled him after the war to take up the thread of life here in his old home, and made him the peer of any and the inferior of none. Dr. McPheeters was a member of Camp St. Louis, 731, U. C. V., and was often heard to express his pleasure and great satisfaction in meeting with his old friends and comrades.

But, while he was a soldier, tried and true, in the cause he had espoused and lost, he was pre-eminently a soldier of the "Cross of Christ." With the relation of the following incident I close:

There was a called meeting of the camp to be held on Wednesday evening, in which the commander urged the attendance of every member. Dr. McPheeters did not attend, but sent his regrets, stating that he had a previous engagement for Wednesday evening for many years. He did not state the nature of the engagement, nor did any inquire. We knew that it was his hour of prayer.

VOLUNTARY TRIBUTES.

Dr. B. M. Hypes:—Although having practiced medicine in St. Louis for thirty years, I never had the pleasure of a very intimate acquaintance with Dr. McPheeters. However, his character and his standing in the community as a citizen, as well as his professional standing, was always one that I admired. I do not desire to make extended remarks except to emphasize one point, and that is that within the last year the profession has been called upon to give up some very bright and shining lights—Dr. J. B. Johnson, Dr. Prewitt, and others whose example we should study, because they were men cultivated, broadly educated, a class of men who lived apparently for the good they could do rather than to gain worldly emoluments. Such men give a high standard to our profession and should ever be remembered and honored.

Dr. George Homan: In considering such a life on an occasion like this I

can feel no sense of grief—one lengthened without manifest decay, so fruitful and well spent.

In the catacombs of Rome is an epitaph or inscription, placed to mark the ashes of an unnamed early martyr, which among many thousands of others compels notice and thought by its simplicity, significance and suggestiveness. In our tongue its meaning would be, "He entered into life." If that was true nearly two thousand years ago, written of the victim of a time when Christianity was a crime, it must be true to-day; and so it seems to me that this man of whom we speak as having died last week has really entered into life. In the order and appointed course of nature he has entered on a higher sphere of action, and so there can be no reasonable cause of lamentation—rather felicitation.

JOURNAL

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NEXT ANNUAL MEETING OF THE MISSOURI STATE MEDICAL ASSOCIATION, EXCELSIOR SPRINGS, MAY 16, 17, 18, 1905.

EDITORIAL.

THE PROGRAM.

Elsewhere in this issue will be found the program of the annual meeting of the State Medical Association to be held at Excelsior Springs May 16, 17, 18, 1905. The contributors are for the most part men who have long been recognized for their ability in special directions.

Such names as Drs. W. E. Fischel, F. J. Lutz, William Porter, B. M. Hypes, L. W. Dallas, A. J. Steele,

H. W. Loeb, Harvey Mudd, W. G. Moore, Bransford Lewis, J. F. Binnie, J. R. Lemen, A. R. Kieffer, C. Lester Hall, Joseph Grinden, W. R. Dorsett, John Zahorsky, R. M. Funkhouser, H. C. Dalton, H. Tuholske, E. H. Miller, Roland Hill, F. B. Hiller, Howard Hill, T. F. Lockwood, E. A. Babler and T. N. Bogart are well known to the profession and promise a most profitable meeting. While the number of papers is limited the list of those who are to open the discussion, each of whom will be provided with a synopsis of the paper they are to discuss, assure the most interesting meeting in the history of the association.

REGULAR IN NAME ONLY.

It may be fitting, in view of the near approach of the meeting of the State Medical Association, to refer to some questionable methods (from an ethical view-point) of some members of affiliating county societies. Since these societies, under the new order of things, are, with their entire membership, a part and parcel of the Missouri State Medical Association, it becomes the duty of the parent organization to see to it that irregularities do not creep in through its integral branches.

Whilst it may be questioned whether in the reorganization of the American Medical Association, the adoption of "The Principles of Medical Ethics" was a distinct ethical advance, it must be admitted that it nowhere grants a license for unprofessional conduct.

The liberalism aimed at in this new *magna charta* for the government of the relations of physicians toward each other or to the public, does not cut loose all the restraints which have hitherto characterized the actions of honest, cultivated physicians.

The plea of ignorance as to just what is expected of the physician, in dealing with his fellows, or the public, cannot be justified in view of the widespread distribution of the "Principles of Ethics." Indeed, to the honest *gentleman* in the profession, it does not occur to violate those cardinal principles of the ethics of his profession which have come to us dignified by age and conscientious observance of those who have gone before.

We must recognize that all men are not "born equal" in their conception of right and wrong, and that some possess a shocking degree of *forgetfulness* when they *know* better. The spirit of commercialism in this "get-rich-quick" age has invaded our profession, and we find its members brazenly doing things that cast disrepute upon the very name of our calling which should be the synonym of all that is upright and true. Such conduct breeds resentment and our loss of standing in the public eye, and the lowering of professional self-respect.

Without prolonging this article, attention is called to the practice of some members of local societies, and therefore of the State Association, who patronize the advertiser, who, under guise of calling themselves "specialists," occupy conspicuous space and place in the public prints with their disgusting pretensions.

It is incomprehensible, why physicians calling themselves "regular," should overlook the skillful, modest and *decent* surgeon, and take patients and go themselves for operative work to the advertising charlatan who

lowers the standing of a profession which should be above reproach.

These "regular" physicians must know that by such action they encourage and build up a class of professional mountebanks who degrade the very name of our profession.

They must know that they justify and place in the hands of the laity weapons of defense to the disparagement of the honorable, high-toned surgeon and true specialist.

The result is the enrichment of the *disreputable* advertiser and the discouragement of the reputable surgeon.

The foregoing is not written as a "*gentle rebuke*" of these transgressors, but to stimulate summary action on the part of the State Association and County Societies in dealing with men who so far forget themselves and the good name of their profession by lending their influence to its degradation. C. L. H.

ACCURACY OF DIAGNOSIS.

Perhaps one of our greatest faults as practitioners of medicine is our tendency to underwork our diagnostic abilities. It is not because we do not wish to grant the patient the benefit of our skill, but because, seeing many cases similar in nature, we are apt to make rapid, mistaken comparisons, with resulting false conclusions. The condition of diagnostic apathy is regretable, because it endangers the habit of "snap" diagnosis—a habit which, once acquired, is not easily shaken off. The busy practitioner may have some excuse for not being able to study his cases carefully; yet it is questionable whether increased, top-heavy business should, morally at least overshadow the careful, skillful practice of medicine which all patients rightfully demand. To get into the nature of an ailment by a short cut diagnosis is certainly satisfactory when it turns out to be correct; but often grave mistakes are made which are necessarily uncovered by the consultant.

Modern teaching aims at more thoroughness in diagnosis. The advent of the microscope and of the various laboratory tests have stimulated increased work along this line. The practice now followed in the larger medical schools, is a good one. It consists in abolishing lectures in the fourth year and devoting the time to bedside teaching in the different branches, under the guidance of a professor.

Such a course is productive of excellent results, for graduates are turned out who have been trained well to use their senses in acquiring diagnostic acumen. The time should come soon when all of our schools will see fit to adopt a similar method of teaching.

It is too often the case that treatment is instituted in a hap-hazard manner before an accurate diagnosis is made. Such a method of practice is primitive and should be discouraged.

The most successful man in medicine, or any of its branches, is the one who, with keen diagnostic ability, is able to base the management of his cases upon what his senses have taught him. L. A. T.

Conditions have very materially changed since the largest number of the members of the State Association

were graduated. Constant vigilance is necessary to prevent the commercial spirit from gaining the upper hand in medical matters and with medical men. The commercial doctor is too much in evidence already. His success in accumulating money and in obtaining a competency early in life make him often a conspicuous example and the object of envy of his brethren less inclined, because, perhaps, less able to secure and to hold the "screeching eagle."

There are two extremes; high soaring idealism—deprivation for himself, stinting for his family, neglected education of his children, the one; "work for money," the other. Attention should be called in the state and county society to the golden middle way. The business affairs of medical men should be as thoroughly discussed, at least in the local societies, as should be the treatment and care of those who, because we have allowed them to get the impression that doctors are not business men, never think of us in connection with their obligations.

The already overcrowded curricula of medical colleges need not be additionally burdened by discussions on bookkeeping for the doctor, his method of conducting the business side of his work, but a few practical lectures on these subjects could very well be substituted for the ultra-scientific discussions which are now too frequently hurled at—or rather—over the heads of the already bewildered student.

The danger of swamping the profession by commercialism will be averted if we undertake to guide it along proper channels.

T. F. L.

We are closing up another year's work in organization of the medical profession of Missouri. So far the sailing has been rather smooth. A large per cent. of the profession were ready and willing to do their part. At present we have enrolled about one-third of the regular profession of the state, two-thirds still remaining outside of the organization. This might look a little discouraging to those who are not familiar with the work and plan of organization. Our plan makes the county societies the unit of organization. They are the foundation stones upon which the superstructure rests. Viewed from this standpoint (the true view), and the picture brightens. The figures are reversed and we see two-thirds of the counties organized and affiliated, and only one-third outside of the organization, and many of these unorganized counties are hard to reach, and the few physicians in them widely separated. These counties will have to be districted for a number of years. There are some of the old, well settled counties yet to be organized and affiliated. These old counties would all be in if the councillors of their respective districts would do their full duty and go after them in earnest. I say this advisedly, because I am one of the councillors and have three of these old counties in my district. I was appointed councillor last May at the annual meeting. What has been my record? I let ten months of the year go by without making a single move. I had some very serious sickness in my family, and it still continues, and I have been very busy. Under these conditions it was not hard for me to procrastinate, and this old

thief of time came very near proving my undoing. At the eleventh hour I wrote to the physicians in these counties, setting a date for each county, and telling them I would be in a certain place on a certain day, and asked them to meet me that I might present the plan of organization and affiliation. What were the results? In the first county I met seven men, and after presenting the plan, four of the seven expressed themselves in favor of organization and affiliation, but thought they should have a larger attendance before deciding the matter. They decided on April 11th for this second meeting, and I am going there then, and I am sure we will organize and affiliate. In the second county I had half the physicians of the county present, and they were unanimously in favor of organization and affiliation, and in less than one hour they were organized and affiliated, and filed an application for a charter. In the third and largest county, I had a meeting of three men out of about thirty-five or forty; but these three are going to organize and affiliate the county. I am satisfied that at our meeting at Excelsior Springs my district will be solid. I feel now that I can go to the state meeting without being humiliated by having to apologize for not having tried to do my duty. These counties cannot be organized by writing letters. You have to go after them in person. I feel in regard to them as the negro did about his turkey. He prayed a long time for the Lord to send him a turkey, but his prayer was unavailing. So he changed his prayer and prayed that the Lord would send him after the turkey. This was an availing prayer; he said he always had turkey after that. W. M.

P. S.—Since writing the above I have organized and affiliated the second county on April 11th. W. M.

NEW MEMBERS.

J. W. Pickel, Crystal City.
O. E. Hensley, Pevely.
C. G. Harris, Festus.
Geo. W. Tidwell, De Soto.
W. E. Gibson, De Soto.
H. Will Elders, De Soto.
A. H. Hamel, De Soto.
H. S. Prentiss, De Soto.
F. S. Song, De Soto.
J. B. Neff, De Soto.
W. H. Farrar, De Soto.
W. W. Hull, Sulphur Springs.
R. E. Donnell, De Soto.
G. W. N. Elders, Hematite.
J. F. McNutt, Pevely.
J. F. Nonnell, Festus.
Geo. W. Elders, Ware.
G. M. Mockbee, Hillsboro.
G. G. Bryan, De Soto.
G. A. Auerswald, De Soto.
F. R. Atkins, Greenville.
W. G. Hughes, Campbell.
A. E. Marshall, Hornesville.
J. G. Birchett, Cardwell.
J. Chaney, Senath.
J. W. Beall, Malden.
W. A. Price, Campbell.
H. E. Beall, Campbell.
C. May, Campbell.
Eli Back, Cardwell.
Hashbrook De Lameter, Kidder, Mo.
P. S. Fulkerson, Lexington.
G. W. Fredenald, Lexington.
J. J. Fulkerson, Lexington.
J. Q. Cope, Lexington.
C. T. Ryland, Lexington.
W. G. Harwood, Dover.
R. E. L. Hitt, Dover.

J. A. Mann, Wellington.
F. W. Mann, Wellington.
W. A. Braecklein, Higginsville.
R. C. Carter, Higginsville.
W. A. Blakely, Higginsville.
W. C. Webb, Higginsville.
H. Williams, Odessa.
J. A. Sneider, Concordia.
J. Perrie, Mayview.
J. W. Pickel, Crystal City.
O. E. Hensley, Pevely.
C. G. Harris, Festus.
Geo. W. Tidwell, De Soto.
W. E. Gibson, De Soto.
H. Will Elders, De Soto.
A. H. Hamel, De Soto.
H. S. Prentiss, De Soto.
F. S. Long, De Soto.
J. B. Neff, De Soto.
W. H. Farrar, De Soto.
W. W. Hull, Sulphur Springs.
G. A. Anerswald, De Soto.
R. E. Donnell, De Soto.
G. W. N. Elders, Hematite.
J. F. Donnell, Festus.
Geo. W. Elders, Ware.
I. N. McNutt, Pevely.
G. M. Mockbee, Hillsboro.
Dr. G. G. Bryan, De Soto.
J. L. Jones, Jonesburg.
W. W. Wheeler, High Hill.
J. F. Graves, Montgomery City.
D. O. Hudson, Montgomery City.
G. E. Munes, Montgomery City.
David Nowlin, Montgomery City.
John Bonewits, Jonesburg.
W. J. Alexander, Marthasville.
J. H. Dyer, Warrenton.
A. W. Graham, Warrenton.
J. Foreman, Warrenton.
Geo. F. McKinney, Warrenton.
E. A. Fluesmeier, Wright City.
E. G. Mitchell, Wright City.
James Stewart, Holstein.
John Sturgis, Perrin.
Ront. W. Rea, Plattsburg.
P. M. Steckman, Plattsburg.
S. D. Reynolds, Gower.
A. Mitchell, Mecca.
J. C. Starks, Gower.
R. J. Woods, Trimble.
E. A. Golley, Plattsburg.
C. D. Avery, Troy.
L. Pendleton, Troy.
W. P. Smith, Troy.
J. R. McKay, Troy.
A. M. Taylor, Elesberry.
E. A. Hicks, Old Monroe.
J. R. Strickland, Moscow Mills.
J. H. Parke, Moscow Mills.
L. E. Tracey, Chillicothe.
Geo. A. Gordon, Chillicothe.
J. H. Winter, Utica.
K. S. Piatt, Chillicothe.
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W. M. Girdner, Chillicothe.
Reuben Barney, Chillicothe.
H. M. Grace, Chillicothe.
R. W. Murray, Dawn.
O. L. Alberty, Dawn.
W. M. Houf, Farmersville.
F. P. Batdorff, Farmersville.
E. F. Ogan, Chula.
G. M. Alexander, Chula.
J. F. Cherrington, Chillicothe.
W. L. White, Springhill.
David Gordon, Chillicothe.
W. A. Henderson, Chillicothe.
R. E. Chaffin, Avalon.
J. W. Trimble, Wheeling.
Wm. A. Swope, Wheeling.

COUNTY SOCIETY NOTES.

JOHNSON COUNTY MEDICAL SOCIETY.

Dr. M. P. Shy, President.
Dr. E. H. Gilbert, Secretary.

The Johnson County Medical Society met in Warrensville, March 14th, T. L. Bradley in the chair. The morning session was devoted entirely to the business affairs of the society. In the afternoon papers, discussions, and clinical cases occupied the time. Lobar pneumonia, which has been prevalent, was the subject of greatest importance. The society adjourned to meet June 13th, at which time we are promised a number of very interesting papers, the gist of which will appear in our next report. E. H. GILBERT, Reporter.

CHARITON COUNTY MEDICAL SOCIETY.

Dr. H. C. Tatum, President.
Dr. C. A. Jennings, Secretary.

The regular session of the Chariton County Medical Society was held in Salisbury on March 30, 1905, Dr. Harry Tatum presiding. The society enjoyed a large attendance of members besides several visiting physicians, among whom were Dr. Jabez N. Jackson of Kansas City and Dr. Burton of Kaseyville. They were invited to participate in discussions of papers and clinics. Dr. J. F. Welch presented an interesting and unusual clinic—a case of malarial spleen—from which much valuable information was gathered by all present. The essayists appointed for next meeting were Drs. Jennings and Kirckpatrick. Dr. Burton kindly consented to be present, and read a paper also. The society then adjourned to meet in Salisbury, Mo., April 27th, at 8:30 P. M.

W. L. BAKER, Reporter.

PEMISCOT COUNTY MEDICAL SOCIETY.

Dr. B. D. Crowe, President.
Dr. J. B. Luten, Secretary.

The Pemiscot County Medical Society met in quarterly session Tuesday, April 11th, Dr. B. D. Crowe in the chair. The minutes of the last meeting were read and approved. Dr. C. E. Martin read a paper; subject, "Puerperal Septicaemia," which was discussed by all members present. Dr. Swearingen of Steele, who had not previously attended a meeting of this society, was present and made application for membership. There being no further business the meeting adjourned to the first Tuesday in July. H. T. BYARS, Reporter.

CAMDEN COUNTY MEDICAL SOCIETY.

Dr. Geo. M. Moore, President.
Dr. G. T. Myers, Secretary.

At the regular meeting of the Camden County Medical Society, held at Mack's Creek, April 10th, the attendance was unusually good. Among the visitors present was Dr. R. W. Soper, recently in the army service in the Philippines. The minutes of the previous meeting were read and approved. An interesting case of osteomyelitis was presented by Dr. Moore. Drs. W. G. Claihorn, of Decaturville, W. F. Byler, of Linn Creek, and Geo. A.

Moulder, of Linn Creek, were elected members of the society. Dr. Soper favored the society with an interesting talk on the duties of the army surgeon. The society adjourned to meet in Mack's Creek the second Monday in July.

J. T. MYERS, Reporter.

BATES COUNTY MEDICAL SOCIETY.

Dr. A. E. Lyle, President.
Dr. E. N. Chastain, Secretary.

Dr. J. N. McCormack met a number of physicians of Bates and Cass counties in the court house at Butler, Mo., on the afternoon of April 10, 1905, and delivered a very interesting and practical address on the present condition of the medical profession and the objects and purposes of medical organization.

The great need of organized effort on the part of the physicians in the interests of our profession and the public were so ably presented by the doctor, that all physicians present who were not members of the county organization were induced to join their local county society. The manner in which the doctor presented the true condition of the medical profession, as it is to-day, with the reasons and causes why so many undesirable conditions exist, was so clearly and so forcibly set forth that a deep impression was made upon the minds of all the physicians in attendance. The good work accomplished at this meeting is most gratifying indeed to the physicians of the thirteenth councilor district. Dr. Jabez N. Jackson, president of the Missouri State Medical Association, was present and rendered valuable service in adding new members to the county organization. The names of the newly elected members are: Drs. T. C. Boulware, T. F. Lockwood and T. W. Foster of Butler; Dr. E. E. Gilmore of Adrian, Dr. N. L. Whipple of Pleasant Gap, and Dr. S. Miller of Maysburg. Drs. A. E. Lyle, president of the Bates county medical society; E. G. Zey, O. F. Renick of Butler, J. S. Amyx and W. A. Robinson of Amsterdam, H. Jerard and M. Smith of Pleasant Hill, W. F. Chaffin of Raymore, and M. P. Overholser of Harrisonville, were among the physicians who were present. No greater necessity existed in any part of our state for the work Dr. McCormack accomplished at this meeting and no better results could have been achieved.

E. N. CHASTAIN, Reporter.

ST. LOUIS COUNTY MEDICAL SOCIETY.

Dr. W. G. Wyer, President
Dr. H. T. Randle, Secretary.

The St. Louis County Medical Society held its regular monthly meeting on Wednesday, the 12th, the meeting being called to order by the president. The minutes of the previous meeting were read and approved.

Dr. H. G. Wyer tendered his resignation as president of the society, as he found it impossible to attend the meetings, having office hours at his city office in the afternoon. A motion was made by Dr. Moore to change the time of meeting from 2:30 P. M. to 7 P. M., and Dr. Wyer asked to withdraw his resignation. Motion was seconded by Dr. Koch and carried.

Election of Members: The commit-

tee on election and ethics not having reported the names for application, the by-laws were suspended and the names were voted on by the society and accepted. Nine votes being cast, Drs. Hanpeter and Berry were duly elected.

Nominations for Membership: Dr. Koch presented the name of Dr. Bracy, of Wellston, and the same was referred to the committee on election and ethics.

A letter from the secretary of the State Medical Society was read, and members were urged to send in their state dues. The secretary was instructed to notify all members of the change of time of meeting; also to write the ex-treasurer for a statement of last year's accounts and to request that the balance in the treasury be turned over to his successor.

Dr. Wyer suggested that the committee on election and ethics be requested to investigate the fees charged by the Valley Park physicians, members of our society, and stated that they were practicing on the seventy-five-cents-per-month plan, this being contrary to the by-laws of the society, and that they be notified to that effect. The motion was amended by Dr. Higgins—a report to be sent in at the next meeting. Amendment was accepted.

The question of fees for life insursurance was brought up by Dr. Reynolds, and the attention of the society was brought to the fact that the minimum fee in the fee bill is $2.00.

The scientific program was omitted, Dr. Pfister having failed to send in his paper.

The report of a case by Dr. Moore was called for, and a very interesting account was submitted to the society. The case was that of a married woman in good circumstances, thirty years of age. She had never had any illness in her life except typhoid fever at fifteen years of age, followed by an attack of malaria a few months later. At the birth of a child three years ago she endured strenuous labor. Six weeks ago she passed segments of a tapeworm. Diagnosis was duly made, and treatment resulted in the elimination of a tapeworm fifty feet in length. Following this, a few weeks later, she had difficulty in speech; mouth was drawn to one side, with loss of motion in the arm on same side. The diagnosis in this case was hysterical paresis. The case at this time came under my observation. She complained of pain in the axilla, loss of strength, very nervous and slight temperature. Examination of the chest revealed nothing. She had no cough, no pleural affection, respiration normal; paralysis increased; she had had a chill, and temperature rising. She was put on quinine, as she seemed to have a chill every other day. I tested reflexes, but without result. All reflexes seemed to be good, except in the arm. She complained of pain in the chest, which subsided in a few days. Her appetite was fair, but still the paralysis continued to hemiplegia. She had such symptoms as might result from a shock, but there had been no shock except that resulting from her husband being hurt a few weeks previous to her last illness, and again this was thought to be hysterical paresis, when the eyes became affected. The right pupil was more dilated than the left. The taste was also unbalanced; there was no aphasia. My diagnosis as to

etiology was intra-cerebral tumor or growth. In the history of the case I was unable to obtain any possibility of syphilis either in the husband or the patient. However, I put the patient on prot-iodide of mercury three times a day, as she had been on the same for one week with no effect. Complete hemiplegia remains, but some sensation seems to reappear, the temperature reaching 100 with complete intermission. The patient will be reported on at the next meeting. The case was discussed by members of the society and diagnosis confirmed. Dr. Reynolds suggested that the patient be put on thirty to forty grains of iodide of potassium three times a day.

At the close of the discussion the meeting was adjourned to meet the second Wednesday in May.

H. T. RANDLE, Secretary.

LIVINGSTON COUNTY MEDICAL SOCIETY.

Dr. David Gordon, President.
Dr. J. F. Cherrington, Secretary.
Dr. N. N. Stevens, Treasurer.

The Livingston County Medical Society was organized March 22d with officers as follows: President, David Gordon; first vice-president, W. R. Swope; second vice-president, O. L. Alberty; secretary, J. F. Cherrington; treasurer, N. N. Stevens. On advice from Dr. C. M. Nicholson, secretary of the Missouri State Medical Association, that Dr. J. N. McCormack of Bowling Green, Kentucky, chairman of the Organization Committee of the American Medical Association, would visit us on April 13th, the society adjourned to that date, instructing the secretary to request every physician in the county to be present. On April 13th the society completed its organization by adopting constitution and by-laws for county societies recommended by the American Medical Association and adopted by the Missouri State Medical Association. The date of meetings was fixed for the third Wednesday at 2 P. M. of each month. The secretary was instructed to order one hundred copies of the by-laws to distribute to the members. The society begins its work under most favorable circumstances, having twenty-seven members out of a possible thirty-seven. After organization the society, together with representatives from Caldwell, Daviess, Linn and Carroll counties, had the pleasure of listening to a most able address by Dr. McCormack. This was followed by short addresses from other physicians of prominence. The society then adjourned to meet at the regular date in May. In the evening the physicians of Chillicothe gave a smoker in the Leeper House parlors in honor of Dr. McCormack.

H. F. CHERRINGTON, Reporter.

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

Dr. H. L. Cunningham, President.
Dr. John D. Porterfield, Jr., Secretary.

The Cape Girardeau County Medical Society held its regular meeting at the Commercial Club rooms, Cape Girardeau, April 9th, Dr. H. L. Cunningham presiding. Drs. M. Rosenthal, Wichterich and Schultz were appointed a committee on public health. Dr. John D. Porterfield, Jr., was elected delegate to the state meeting. Dr. M. Rosenthal is to read a paper at the

next meeting. Our society gives promise of being one of the best in the state.

J. D. PORTERFIELD, JR., Reporter.

JACKSON COUNTY MEDICAL SOCIETY.

Dr. Robert T. Sloan, President.
Dr. Edward H. Thrailkill, Vice-President
Dr. Max Goldman, Secretary.
Dr. L. W. Luscher, Treasurer.

The Jackson County Medical Society held its regular meeting April 13, 1905, Dr. Robert T. Sloan in the chair. There was no meeting of this society on March 23d on account of the session of the Medical Society of the Missouri Valley, which met in Kansas City on that date.

The meeting was well attended and many applications for membership were received.

The scientific program consisted of two papers and the presentation of two clinical cases.

Dr. H. B. McCall read a paper entitled "Ectopic Pregnancy with Special Reference to Etiology." This included a lengthy review of the various theories advanced to explain the cause of the condition under consideration; and from the discussions which followed it was evident that there were yet a few facts in connection with this subject which must be better established by pathologists before a general acceptance of its etiology can be expected.

Dr. J. A. Horigan opened the discussion of this paper; he was followed by remarks from Drs. Arthur E. Hertzler, A. H. Cordier, E. F. Robinson, George M. Gray, B. C. Hardin and Nannie Stephens. Dr. McCall closed the discussion.

Dr. R. E. Castelaw read a paper on "Shock in Emergency Surgery." Quite an original sketch upon a subject of much practical importance, the essayist exhibiting evidence of much thought and experience in the condition presented for discussion. The doctor gave as classes of shock (1) "physical" and (2) "mental," to which latter division some objection was raised in the discussion.

Dr. Ernest F. Robinson opened the discussion by describing the general condition present in shock in emergency work, stating that it was a collapse or depression of the vital centers, as the signs and symptoms outlined by Dr. Castelaw well demonstrated; he said that shock was always a physical condition, including even the so-called "mental" shock. He urged that in all emergency work shock and hemorrhage should be carefully differentiated. In the treatment, Dr. Robinson claimed a great deal for the infusion of hot normal saline solution, preferably by intravenous injection.

The following also took part in the discussion: Dr. Gordon A. Beedle and Dr. A. H. Cordier. Closed by Dr. R. E. Castelaw.

Dr. M. M. Edmonson presented two cases of Pott's disease of the spine, in children aged four and seven years. The younger child suffered from an involvement of the lumbar region of the vertebral column, while the older one presented an involvement of the sixth cervical vertebra, with a distinct kyphosis at this point. The treatment in the second case consisted of the use of the plaster of Paris jacket and the jury-mast for the relief of pressure, and tonics to improve the general condition of the child.

Owing to the late hour the discussion of these cases was postponed until the next meeting, April 27, 1905.

New Members:—James S. Eldredge, Kansas City; J. A. Balsley, Kansas City; Oscar O. Young, Kansas City.

MAX GOLDMAN, M. D., Secretary.

HOLT COUNTY MEDICAL SOCIETY.

Dr. B. F. Quigley, President.
Dr. J. F. Chandler, Secretary.

The Holt County Medical Society held its regular quarterly meeting in Mound City, Wednesday, April 5th, when the following program was rendered: Paper, "Puerperal Exlampsia," Dr. Gray of Craig; paper, "Acute Nephritis," Dr. Aiken of Oregon; paper, "Consumption," Dr. Bickel of Mound City; paper, "Intestinal Obstruction," by Jacob Geiger; clinic, "Tubercular Knee," Jacob Geiger of St. Joseph. The next meeting will be held at Oregon, on the first Tuesday in July.

J. F. CHANDLER, Reporter.

SHELBY COUNTY MEDICAL SOCIETY.

Dr. H. C. Vaughn, President.
Dr. A. M. Wood, Secretary.

The Shelby County Medical Society met March 22, in the office of Dr. Vaughan, at Shelbina. The minutes of the previous meeting were read and corrected to include omissions. Clinical reports of hysteria and allied affections were presented by Drs. Chapman, Vaughan, Pollars and Wood. Discussions were interesting and instructive. On motion, Drs. Pollard and Smith were made a committee to prepare the program for the June meeting, at which time refreshments will be served.

A. M. WOOD, Reporter.

BATES COUNTY MEDICAL SOCIETY.

Dr. A. E. Lyle, President.
Dr. E. N. Chastain, Secretary.

The Bates County Medical Society held its regular meeting in Butler, March 24th. Dr. Lyle read an exceedingly interesting and instructive paper on "How I Treat Some of the Obscure Gynecological Cases." Discussion, which was general, brought out many valuable points. The society adjourned to meet the first Thursday in May. At a special meeting called to order April 10th, Dr. J. N. McCormack of Bowling Green, Kentucky, addressed the doctors of this county on the subject of "Organization." He was followed by Drs. Jackson and Overholser. The following were elected to membership: Drs. J. R. Coulson of Spruce, T. C. Boulware of Butler, T. F. Lockwood of Butler, J. W. Foster of Butler, E. E. Gilmore of Adrian, N. L. Whiffle of Pleasant Gap, and Dr. Miller of Maysburgh.

E. N. CHASTAIN, Reporter.

SCHUYLER COUNTY MEDICAL SOCIETY.

Dr. E. L. Mitchell, President.
Dr. H. E. Gerwig, Secretary.

The Schuyler County Medical Society met in Lancaster, April 10th, Dr. W. F. Mitchell presiding. The minutes of the previous meeting were read and approved. Dr. B. B. Potter of Lancaster, and Dr. J. H. Keller of Glenwood, were elected members. The

society then proceeded to the election of officers for the ensuing year. The results were as follows: President, E. K. Mitchell of Lancaster; vice-president, J. B. Bridges of Downing; secretary and treasurer, H. E. Gerwig of Downing; delegate, W. F. Mitchell of Lancaster. The society adjourned to meet in Lancaster, June 6th. H. E. Gerwig, Reporter.

AUDRAIN COUNTY MEDICAL SOCIETY.

Dr. C. A. Rothwell, President.
Dr. E. S. Cave, Secretary.

The Audrain County Medical Society met in the office of Dr. Cave, at Mexico, Dr. C. A. Rothwell presiding. Dr. L. H. Lanier of Martinsburg, the essayist of the evening, was absent "because he had married him a wife and could not leave her." The chair called for reports of cases and Dr. M. E. Crawford reported an unique case of gall stones, complicated with nephritic colic. Both these papers were liberally discussed. The name of Dr. J. S. Jordan, of Rowena, was presented for membership. Dr. Cave offered the following resolutions which were unanimously adopted:

"Whereas, there are still a number of regular physicians in the county who are not members of the Audrain County Medical Society; therefore be it

Resolved, That the secretary is hereby instructed to write each of these, sending application blanks and requesting them to become members of the county society."

The society adjourned to meet the first Monday in May.

E. S. Cave, Reporter.

HOWELL COUNTY MEDICAL SOCIETY.

Dr. J. W. Bingham, President.
Dr. H. C. Shuttee, Secretary.

The Howell County Medical Society held its regular meeting in K. P. Hall April 6th, at 10 A. M. After the preliminary business Dr. A. H. Thornburgh read a paper entitled, "Intestinal Autointoxication," which was well received and generally discussed. The afternoon session was devoted to a memorial meeting in honor of the late Dr. W. T. Edwards, who died after a two days' illness of pneumonia March 2, 1905. Suitable resolutions were adopted and ordered spread on the records, remarks were made by several physicians, and a brief sketch of his life and character read by Dr. H. C. Shuttee.

Our Departed Brother.

The late Dr. W. T. Edwards was born in Dent county, Missouri, April 10, 1866, and died March 2, 1905, of pneumonia, after an illness of only two days. Like a majority of our successful men, his early life was spent on a farm and his early manhood in teaching school. His early educational advantages, as is true of a great many of us, were limited, but by diligent application he was ever striving to improve himself, and during the time we were associated with him in a business capacity he was a most diligent and painstaking student. By energy, persevering labor and the pluck that wins, he had succeeded in his life's work, and was growing not only in professional work, but what is of still greater importance, he himself was growing, and but for his untimely death his years

of greatest usefulness were still before him.

Pluck wins; it always wins, tho' days be slow
And nights be long 'twixt days that come and go—
Still pluck will win, its average is sure;
He wins the most who can most endure
Who faces evils, he who never shirks,
Who waits and watches, and who always works.

By nature of a jovial and sanguine disposition, Dr. Edwards looked on the bright side of life, but at times during attacks of illness, which were not infrequent, he became very despondent, and at different times he himself predicted his early death. These spells of depression, however, he always succeeded in throwing off in a few days.

Like all large-hearted and generous men he had a profound contempt for the petty and sordid, especially in a brother physician, and in his relations with his professional brethren he was always ethical and just. Beyond almost any other profession, the study and practice of medicine should have a broadening effect on the mind and a mellowing effect on the heart, and should enlarge our charity and expand our souls; yet it is only too true that there are in our ranks men of microscopic heart and soul whose happiest moments seem to be passed in giving utterance to damaging inuendos against a confrere or even more open slander, and whose highest ambition appears to be, not professional excellence, but an attempt to advance their own interest at the expense of a professional brother. For such men —for the physician whose professional horizon is bounded by the dollar and who sees nothing in his life's work except the money he can make out of it, for the trimmer and trickster, for the sycophant who "bends the pregnant hinges of the knees that thrift may follow fawning," Dr. Edwards had, in common with all true physicians, the most profound contempt, and he had neither the desire nor the policy to conceal his aversion.

Our profession is one burdened with weighty responsibilities, responsibilities so great that the bravest heart and most courageous soul may at times well shrink, and our motto should be, "Do your best and leave the rest." Happy is he who can, after the day's work is done, throw off the burden of sympathy and responsibility and allow his mind to dwell on more pleasant things. Unhappily, however, all physicians can not do this, and often anxious hours and sleepless nights are the result. This was the case with Dr. Edwards; he often let the weight of responsibility rest too heavily on his mind and heart, and if cases turned out badly, as they sometimes do with all of us, he often unjustly censured himself for the unfortunate results.

In my association with Dr. Edwards I found him always just and honest, willing rather to concede than to contend, anxious always to meet a man more than half-way. Pope says, "An honest man is the noblest work of God."

Dr. Edwards was honest in his dealings with his fellow men, honest with his brother physicians, honest with his patients, honest with himself. In his death the community has lost a useful citizen, the profession a valuable member and his family a

kind, loving and indulgent husband and father.

H. C. SHUTTEE, Reporter.

CALLAWAY COUNTY MEDICAL SOCIETY.

Dr. J. F. Harrison, President.
Dr. Martin Yates, Secretary.

The Callaway County Medical Society met April 13th, at Fulton. The subjects "La Grippe" and "Empyema" and their treatment were discussed, after which the society proceeded to elect officers for the ensuing year. The election resulted as follows: President, J. F. Harrison; first vice-president, R. T. Gibbs; second vice-president, W. M. Bayliss; secretary and reporter, Martin Yates; treasurer, G. D. McCall; delegate to the State Association, D. H. Young; alternate, W. S. Baker.

J. F. HARRISON, Reporter.

PETTIS COUNTY MEDICAL SOCIETY.

Dr. W. C. Overstreet, President.
Dr. W. J. Ferguson, Secretary.

The Pettis County Medical Society met in Sedalia, January 16th, Dr. W. C. Overstreet presiding. After the usual preliminary business Dr. George E. McNeil read a paper on "Fractures of the Shaft of the Femur," the purpose of the paper being "not to present the subject in a detailed way, as given in text books, but to call attention to a few main features of this fracture and present a few new ideas regarding the treatment." Six cases were presented in the paper, as follows: Case 1. Mr. K., bridgeman. Fracture at junction of upper and middle third. Treatment, Buck's extension as applied by Scudder. In seven weeks applied plaster cast. The amount of callous gave the appearance of deformity, but the x-ray showed one and one-half inch shortening and functionally good limb. Case 2. Mr. H. Mexican. Fracture through upper third left femur. Treatment as in first case, with one inch shortening and useful limb. Case 3. Mrs. F., injured in railway wreck. Fractures of left ankle, middle third leg and middle third left femur. Treatment similar to that of the preceding cases, modified, however, as will be explained below. After ten weeks' extension, plaster of Paris cast was applied. Patient left for her home in Kansas City before the case was concluded, but all indications were favorable for little deformity and probably one inch shortening. Case 4. Mrs. R., injured in railrord wreck. Fracture of middle third right femur, with severe deep laceration of soft tissues of right leg. Treatment as in case 3. Less than one inch shortening and no deformity. Promises to be functionally an almost perfect limb. Case 5. Mr. H., injured in railroad wreck. Potts' fracture right ankle and simple fracture of middle third of left femur. Treatment as in cases 3 and 4. Still under treatment. Will have some angular deformity and at least one inch shortening. Case 6. Mr. M. Italian. Fracture lower third of left femur. Still under treatment. Extension has overcome all shortening and coaptation splints prevent deformity. Best results of the six are confidently anticipated. My modification used in the last four cases consists of transverse strips fastened to the under side of the posterior splint and projecting six

inches to the outside to prevent outward rotation. This has been more effectual than the long external splint with cross piece at the lower end. It absolutely prevents all eversion of the foot and all outward rotation. The long external splint is used, but only to the ankle. Instead of attaching the pulley to the foot of the bed, I have a blacksmith make a post to be fastened to the floor independent of the bed. This, I think, has some advantages, and is more convenient than fastening to the bed. We should aim to overcome shortening, prevent outward rotation and angular deformity. My modification of Scudder's method, if properly applied, will, I believe, give as good results as we will ever get in these cases until it becomes proper treatment to cut down upon every fracture and by some method fasten the bones together. This latter, I believe, will be the accepted method within the next few years; yet without this we should get better results than we have in the past. With anesthesia in every case, with careful adjustment of the fragments, with careful and intelligent application of the apparatus, and with painstaking after-treatment, we can and should get better results.

This paper of Dr. McNeil's was very much appreciated by the society, and the discussions were extended. Dr. Cowan complimented the essayist, and will try the modification of Scudder's treatment at the first opportunity. Dr. Wood commented on the excellence of the paper. His experience with these cases was not extensive, but he had had excellent results with Buck's extension. Dr. Collins also thought it a most remarkable paper, but thought some little details were overlooked, such as counter extension by raising the foot of the bed. He thought the results less favorable when the fracture was in the upper third, and suggested the triangular position as practiced by Dr. Bodine, of New York. He called to mind also the osteophonic percussion as used by Dr. Dorborn to determine if the soft tissues are between the separated ends of the fractured bone. Dr. H. B. Cole always uses Buck's extension, taking plenty of time to get things in full readiness and then to carefully approximate and adjust the bones under chloroform anesthesia. Dr. Yancey was greatly interested in the paper, which he pronounced most excellent. He always regrets to see these fractures, for he feels that with any treatment there will be more or less shortening and deformity. He agrees with Dr. McNeil that the day is coming when the radical operation of cutting down and wiring will be the treatment. Dr. W. M. Cole appreciated the value of Dr. McNeil's modification, and considered it worth trial. Dr. Ferguson complimented the essayist. He thought extension with the best obtainable apposition the keynote of treatment. Dr. Overstreet concurred with the ideas advanced in the paper, and considered them a valuable addition to surgery.

W. J. Ferguson, Reporter.

PLATTE COUNTY MEDICAL SOCIETY.

Dr. R. P. Davis, President.
Dr. G. C. Coffey, Secretary.

The regular monthly meeting of the Platte County Medical Society was held in Platte City, April 5th, with

Dr. Davis in the chair. Dr. Redman presented a case of fracture of the clavicle which, at this time ten weeks after receipt of the injury, shows a condition of loss of power of the muscles of the arm with atrophy. Discussion of the case was general, the consensus of opinion being that at the time of the receipt of injury the brachial plexus was involved, and that likely pressure by the callous may account in part at least for the present symptoms of paralysis. Dr. Barr opened the discussion on diphtheria. He had never had a case where the membrane appeared primarily in the larynx, the invasion of the larnyx being always secondary to that of the pharynx or nasopharynx. During the discussion, which was animated, many cases were cited by those who felt certain that the invasion of the larnyx was primary. Dr. A. S. Herndon's valuable paper on Hysteria was much appreciated and generally discussed. The doctor has had excellent results from the use of apomorphin during the attack. Dr. W. H. Smedley of Weston was elected to membership. The society apjourned to meet in Dearborn the first Wednesday in May.

G. C. COFFEY, Reporter.

DAVIESS COUNTY MEDICAL SOCIETY.

Dr. J. D. Dunham, President.
Dr. M. A. Smith, Secretary.

The Daviess County Medical Society met in regular session at Gallatin, with Dr. W. L. Brosius in the chair. The minutes of the last meeting were read and approved. Dr. W. T. Lindley of Hamilton read a very interesting paper on "Retroversion of the Uterus; Cause and Treatment." The discussion was general. Dr. Tinsley Brown of Hamilton read a paper on "Tonsillitis," which was discussed at length. Both papers were highly appreciated by the members of the Daviess County Society and a vote of thanks was extended for their attendance and instructive papers. Dr. F. C. Eastman reported the history of a case of housemaid's knee, which was discussed at length. The next meeting of the society will be held at Gallatin July 11th.

M. A. SMITH, Reporter.

RANDOLPH COUNTY MEDICAL SOCIETY.

Dr. G. O. Cuppaidge, President.
Dr. W. M. Dickerson, Secretary.

The Randolph County Medical Society met in regular session at Moberly, April 11, 1905, Dr. D. A. Barnhard in the chair. The annual election of officers resulted as follows: President, G. O. Cuppaidge; vice-president, A. Aldridge; secretary and treasurer, W. M. Dickerson; delegate, C. B. Clopp; board of censors, D. A. Barnhart, S. P. Touls, and reporter, S. C. Adams. The principal paper of the evening was read by Dr. G. W. Nichlos. It was freely discussed by all present. D. J. N. McCormack, organizer for the American Medical Association, spoke April 14th. The attendance was large, including physicians from adjoining counties. All present agreed that McCormack was an able, capable and enthusiastic worker.

S. C. ADAMS, Reporter.

JASPER COUNTY MEDICAL SOCIETY.

Dr. A. B. Freeman, President.
Dr. J. T. Stamey, Secretary.
Dr. C. C. Cummins, Reporter.

The Jasper County Medical Society met in regular session at Joplin Missouri, April 3, 1905.

Doctor Kelso read a paper on pneumonia of the lobar type.

Doctor Grantham reported an interesting case of injury to the urethra, resulting in fistula, later inflammation of the bladder, right ureter and kidney, with enlargement of the latter organ.

Doctor McCormick, of Bowling Green, Kentucky, who for the past five years has been chairman of the committee on re-organization of the American Medical Association, spent a day with us last week. His visit here was for the purpose of uniting the physicians of southwest Missouri. The profession met him in the assembly room of the Joplin Commercial Club. There were about fifty physicians present, and for two hours in the afternoon and two hours in the evening the physicians listened with rapt attention to this very entertaining speaker.

He told of his experience during years of practice in the state of Kentucky, of the difficulties physicians met in associations with each other and in their associations with the public. He stated flatly that the medical profession in America was held in positive contempt by the public, and that no one was to blame but the members of the profession. He stated that the reputation of the profession was not made by the better men, but by the poorer men; that the public recognized no difference between physicians, and that we were judged from the standard of the quacks, advertisers and the dishonest.

His twenty-five years' experience working with the legislators of Kentucky showed him that these men knew but one honest doctor in their respective communities, their family physicians, and that they knew this was so because these honest doctors had told them so. This is true in all states, and until such impressions are removed it will be very difficult for the profession to secure proper protective legislation before such bodies, the average legislator being prone to view with mistrust any bill presented by physicians.

He showed that there were 60,000 physicians in the United States who were not making as good a living as the average mechanic, some of the reasons being that they were poor business men, most of them being afraid to collect their bills, fearing that some other doctor might get their patients, and the rest were so busy quarrelling among themselves that they had no time to attend to the minor matter of finance. Because of these facts they were unable to keep up with the rapid progress of medical sciences; were unable to purchase proper equipment in the way of instruments and the late medical literature; to take post-graduate courses, and as a result were a positive menace to the communities in which they lived.

He discussed at length the relations of the profession to the public, to the newspapers, to the druggists, to legislative bodies of cities and states, and last, but not least, the ministry. He

showed how all of these powerful influences can and are being lined up to help the medical profession in the great cause of humanity instead of opposing us, as they have been universally doing. Our intentions are good, but our methods very bad.

The doctor stated that if all physicians would require the ministry to pay physicians' bills, the same as other people, we should be the gainer in the respect of that body. Ministers are like other people in this that they appreciate that for which they have to pay.

He urged the interest of every physician in securing the passage of proper laws for their protection. The subject of reciprocity between states was thoroughly discussed, and it was shown that thus far Missouri had not given this matter the attention it deserved, and that her physicians were, therefore, without protection should any of them desire to move to other states on account of ill health or for other reasons.

The maintenance of interest in the medical society is of vital interest to the medical profession as well as to the public, and the doctor stated positively that goodfellowship and interest were best conserved by more eating and lunching at our regular meetings with much less talking. He believed that all of us had heard that ante-deluvian paper on typhoid fever, copied from an ante-deluvian text book and read by an ante-deluvian doctor, praised in open meeting so often that we were thoroughly tired of it. And so it is with other papers. He said that all this time should be given to the reporting and discussion of cases; that every case has points of practical interest worthy of discussion.

The doctor presented the great work the American Medical Association is doing for the profession and humanity in this country in spite of many obstacles. He spoke of the university extension course now being inaugurated by this association, and soon to be put into practice, whereby any graduate can, under the supervision of the association, pursue his courses at home and receive credit therefor in the shape of diplomas.

Discussed by Doctors Ducket of Millsboro, McCoy of Verona, Bridges of Tipton Ford and Mathews, Grantham, Cummings, Pifer and Geo. W. Miller of Joplin.

C. C. CUMMINGS, Reporter.

IRON COUNTY MEDICAL SOCIETY.

Dr. R. W. Gray, President.
Dr. Ira A. Marshall, Secretary.

The Iron County Medical Society met on the 1st of April, Dr. R. W. Gray presiding. The meeting was very profitably devoted to reports and discussions of clinical cases of which a goodly number were presented. Several excellent papers are promised for the May meeting, among them one by Dr. I. A. Marshall, on "Pneumonia;" by Dr. Adams, of Belleview, on "Typhoid Fever;" by Dr. Clarkson, on "Malaria;" by Dr. Gay, on Enteric Diseases of Childhood;" by Dr. Kerlogon, on "Professional Courtesy." Already considerable interest is manifest in this meeting and we expect an unusually good attendance.

I. A. MARSHALL, Reporter.

CALDWELL COUNTY MEDICAL SOCIETY.

Dr. C. C. Leeper, Presideut.
Dr. Tinsley Brown, Secretary.

The Caldwell County Medical Society held its quarterly meeting at Breckenridge, April 5th, Dr. C. C. Leeper being in the chair. Five active and three honorary members were added to the society, the latter being among the oldest physicians in the state. All three reside in Breckenridge. Joseph S. Halstead, M. D., graduated from the medical department of Transylvania University in 1840. After practicing in Lexington, Kentucky, for twenty-five years, he moved to Breckenridge before the war. Montgomery Bottom, M. D., graduated from the medical department of the University of Virginia in 1849. He, too, settled in Breckenridge before the war and has been in active practice continuously since. R. C. Pearce, A. M., M. D., graduated from the Indiana Medical College in 1850. He practiced in Lafayette, Indiana, until a few years ago when he moved to Breckenridge. Our society is firmly of the opinion that the remarks attributed to Dr. Osler, which have so stirred the world recently, do not apply to professional men in Caldwell county. Dr. Tinsley Brown read a paper entitled "Puerperal Antisepsis." This paper was thoroughly discussed by the society. Dr. H. L. Woldridge presented a clinical case with ossification of the tendo achilles of the right leg. The president, by motion, was authorized to appoint a committee to formulate a fee bill to be presented at our next meeting. Dr. C. C. Leeper was elected delegate to the State Association. The society adjourned to meet at Hamilton, July 5th.

TINSLEY BROWN, Reporter.

HOWARD COUNTY MEDICAL SOCIETY.

Dr. A. W. Moore, President.
Dr. C. W. Watts, Secretary.

The Howard County Medical Society met in regular session in Fayette, April 18th, Dr. Moore presiding. The minutes of the February meeting were read and approved. The attendance was unusually good, perhaps, due to the good influence of Dr. McCormack, who met the doctors of our district, April 14th. We feel satisfied that his visits among us will result in great good to the profession in this county, for, altough we are at peace and assist each other whenever the opportunity offers, and although we have a regular price for professional visits, we are lax in collecting. Dr. McCormack has awakened us to this and other needs and we thank him for his visit and hope to have him with us again.

C. W. WATTS, Reporter.

BOONE COUNTY MEDICAL SOCIETY.

Dr. J. E. Thornton, President.
Dr. W. A. Norris, Secretary.

The Boone County Medical Society met at Parker Memorial Hospital, April 3d, with an unusually good attendance. Dr. J. M. Fisher read a paper on "The Dangers of Gonorrhea." The discussion was general. Dr. Wallace, of St. Joseph, who was visiting the society took part by request in the discussion. The society adjourned to meet the first Monday in May. W. A. NORRIS, Reporter.

ST. LOUIS MEDICAL SOCIETY.

Dr. F. L. Henderson, President.
Dr. J. C. Morfit, Vice-President.
Dr. T. A. Hopkins, Secretary.
Dr. R. M. King, Treasurer.

The St. Louis Medical Society has convened in regular session four times since March 17th. The following papers, discussions and addresses have been presented before the society:

At the meeting held on March 18th, Dr. Willard Bartlett presented a paper: "On the Value of Getting Certain Patients Up Very Early After Laparotomy." Dr. Bartlett stated that often we have such disagreeable symptoms as vomiting, backache, gastro-intestinal and pulmonary derangements, retention of urine and constipation immediately following a laparotomy, and cited numerous specific instances in his practice, in which relief was speedily obtained by allowing the patient to sit up within twenty-four or forty-eight hours or more after the operation. He drew a line of distinction on the classes of patients in which early "getting up" is beneficial. These cases consist, in part, of malignancies in elderly emaciated patients, who if allowed to remain in bed the usual ten, fifteen or more days, lose so much strength and become so resigned mentally, that very often they do not get up at all, or often when they do, the period of convalescence and strength-regaining is much extended. Certain patients in which the vitality is low and have a neurasthenical tendency may also be gotten up early, with much benefit, much depending on the individual case at hand. Dr. Bartlett prefers to allow a patient to get up and urinate, rather than risk a possible infection in passing a catheter, and has repeatedly seen such symptoms as vomiting, backache, retention of urine, constipation and general feelings of unrest and worry, speedily disappear, after the patient is gotten up. Getting the patient up soon after an operation imparts a certain elevation of spirits and a general psychical condition which certainly, materially aids in the early recovery of the patient. Having in mind the idea of getting the patient up early, Dr. Bartlett closes the abdominal wound, thoroughly with layer sutures and believes that by so doing there is little danger of the visceral weight forcing the wound open. Certainly the tension produced by visceral weight can be no greater than that produced by distended bowels—caused by constipation which often ensues when the patient is lying down. In cases of malignancy the wound is closed in layers and reinforcement sutures used, all suture material being non-absorbable, and in ordinary cases the layer sutures on catgut, reinforced by non-absorbable tension sutures. In no case is entire dependence placed on all absorbable suture material. Discussion by Drs. C. H. Hughes and F. Taussig.

At this meeting a telegram was read by Dr. Homan, announcing the favorable action of the Missouri Legislature on the bill providing for a state consumption sanitorium.

Scientific matters were dropped, and special addresses and voluntary tributes were made, in memorium of Dr. William McPheeters, at the meeting held on Marrh 25, 1905.

Dr. William McPheters was a graduate of the medical department of the

University of Pennsylvania, 1840, the oldest alumus of that institution, and the oldest practitioner in St. Louis, At times he was a member of the faculty of the Missouri and St. Louis Medical Colleges, editor of the St. Louis *Medical and Surgical Journal*, and the oldest member of the St. Louis Medical Society. Dr. McPheeters died at his home in St. Louis, March 17, 1905, aged eighty-nine.

"Dr. McPheeters was a man possessed of a strong character and had a great knowledge of 'love and right.' He was religious, but practically so. He participated in political affairs and was an ardent advocate and practitioner of pure and lofty political sentiments. He held out a strong and helpful hand to the young man struggling in the profession. He was 'noted' for so many things and objectionable for so few, was conscientious to the highest degree, and always considered whether he was right, and when he so decided, he followed his convictions, with indomitable energy." These tributes are a few of the many paid to the companion who is dead and to the character which lives. The following program prepared by the special memorial committee, was presented:

Dr. J. M. Scott, address: On "Dr. McPheeters, The Man and Physician."

Dr. Le Grand Atwood, address: "Early Recollections of Dr. McPheeters."

Dr. P. G. Robinson, address: "Dr. McPheeters, The Colleague and Friend."

Dr. C. H. Hughes, address: "Dr. McPheeters, The Preceptor and Teacher."

Dr. F. J. Lutz prepared a paper, read by Dr. W. A. McCandless, on account of the absence of Dr. Lutz from the city. The address was on "Dr. McPheeters, The Father of Organized Medicine in Missouri."

Dr. Joseph Grindon, address: "The Lesson of Dr. McPheeters' Life."

Many voluntary tributes were given, among them being tributes given by Drs. Tuholske, Hypes, J. J. Miller, Homan and L. C. Boisliniere.

At the meeting held April 1st, the Hon. Henry T. Kent, by invitation, addressed the society on the subject of "The Contemplated $9,000,000 Mnnicipal Bond Issue." Mr. Kent presented very forcibly the demands of our growing city and clearly pointed out the arguments in favor of the contemplated bond issue. The subject was also discussed by Dr. James Moores Ball. On motion of Dr. Bransford Lewis, the society adopted a series of resolutions favoring the issue of the bonds, part of the proceeds of which are intended for improvement of our eleemosynary institutions.

At the meeting on April 8th, Dr. Sidney I. Schwab read a paper on "New Therapeutic Measures in Neurology, with Illustrative Cases," and Dr. Robert F. Amyx presented a new hemorrhoidal clamp, permitting suture of seared surfaces before removing the instrument.

Dr. Schwab stated that although he had nothing to present which would revolutionize neurological therapeutics, yet he believes that there is a splendid opportunity for improvement in this branch of medicine. The usual therapeutic measures, consisting of strychnine, bromides, electric-

ity and tonics, are antiquated and neurologic treatment demands a clear conception of the case—individual therapeutic application to the individual case and a high therapeutic courage. In order to understand the perverted functions and conditions which accompany nervous disorders, the neurologist must have a good general knowledge of medicine and surgery, especially physiology, anatomy, psychologic conditions and special orthopedic surgery. With the newer methods of treatment, several of the more ordinary "incurable" nervous diseases have been experimented on by Dr. Schwab, and he reports a number of benefits produced in cases under his observation in clinic, hospital and private practice. The "flat foot" of tabes has been corrected by a flat-foot brace, the educational co-ordinating muscular exercises of Traube is instituted, larger doses of mercury are given by the hypodermic method and marked psychical, if not physical benefits, have been obtained. "Tic" movements are inhibited by pressure, with a devised apparatus, and educational exercises of the muscles involved are introduced, with marked benefits in many cases. "Reynaud's" disease is treated with a considerable degree of success by elastic pressure bands. The newer therapeutics consists of prophylaxis, advice in the direction of right living, proper exercises and in neurasthenical cases, advice to those in immediate daily contact with the patient. Discussions by Drs. Grindon, Bliss and Booth.

Dr. Amyx presented his hemorrhoidal clamp, and a paper explaining the advantages and apparent necessities for such an instrument. The instrument allows of suturing the hemorrhoid, in the clamp, after being seared. This, it is claimed, will prevent hemorrhages, rupture of the seared surfaces and consequent infections and ulcerations. Discussions by Drs. Brown and Stauffer.

Dr. John Young Brown presented a specimen of bowel resected in a strangulated inguinal hernia operation at the City Hospital, the bowel being resected through a supplementary abdominal wound, which allows thorough exploration and satisfactory work. Dr. Brown stated that he has had five cases out of six operated, recover from this operation, for removing strangulated and necrosed bowel in strangulated hernia cases.

C. H. SHUTT, Reporter.

COOPER COUNTY MEDICAL SOCIETY.

Dr. P. L. Hurt, President.
Dr. R. S. Holman, Secretary.

The Cooper County Medical Society met in the circuit court room in Boonville, April 5th, to listen to the address of Dr. J. N. McCormack, chairman of the Committee on Organization for the American Medical Association. Many visitors were present, among them being Drs. John Hall and Manning of Marshal. Dr. McCormack's address was intensely interesting and we hope all the physicians in the state may have an opportunity to listen to this able speaker. The profession in Missouri should be furnished copies of Dr. McCormack's address, as frequent perusal of his inspiring remarks would be of inestimable benefit to us all.

R. S. HOLMAN, Reporter.

NODAWAY COUNTY MEDICAL SOCIETY.

Dr. F. R. Anthony, President.
Dr. G. A. Nash, Secretary.

The Nodaway County Medical Society was called to order by Dr. J. A. Larabee in Maryville, April 11th. The minutes of the previous meeting were read and approved. The annual election of officers resulted as follows: President, F. R. Anthony of Maryville; vice-president, G. A. Nash of Maryville; secretary, L. E. Dean of Maryville; treasurer, H. L. Saylor of Elmo; delegate, L. E. Crowson of Pickering. Committees were appointed as follows: Committee on program, L. E. Dean, C. A. Ellis and C. F. Howell; committee on place of meeting, G. A. Nash and L. E. Dean. Dr. O. P. M. Mills was elected to membership. The society then adjourned to the regular time of meeting; that is the second Tuesday in May. F. R. ANTHONY, Reporter.

NEWS ITEMS.

Trains Spread Influenza.—Professor Allbutt is quoted as saying that influenza was disseminated by express trains and steamships. He said North China is the cradle of the disease. The Transsiberian railway has greatly facilitated the spread of the disease. The misery and depression frequently following influenza can be shortened by a plain diet of milk and vegetables. Beef tea and other supposedly strengthening foods only delay recovery.

Philadelphia, in addition to the outbreak of cerebro-spinal meningitis, has to contend with a steadily increasing epidemic of typhoid fever. For the week ending March 4th there were 92 cases; for the week ending March 11th, 178 cases, and for the week ending March 18th, 247 cases. As usual, the wards unprovided with filtered water are contributing the greatest number of cases.

Reports of x-ray burns sustained by radiographers are becoming very frequent. Mrs. Elizabeth-Fleischman-Ascheim, one of San Francisco's most expert x-ray operators, who has worked for all the hospitals and many of the physicians in that city, had recently to submit to amputation of her right arm as the result of frequent exposure to the x-ray.

Arrangements have been made for an interchange of professor of Harvard and Germany. The emperor is seeking to make such interchange on a large scale. Properly arranged, this would result in great benefit to all.

It would be well could students in the medical departments of universi ties having similar requirements, without violence, spend separate years in different institutions. Long since such a custom prevailed in Germany to the advantage of all concerned.

SOCIETY PROCEEDINGS.

ST. LOUIS OBSTETRICAL AND GYNECOLOGICAL SOCIETY.

Meeting of April 13, 1905.

THE ETIOLOGY AND TREATMENT OF ECLAMPSIA.

Dr. Henry Schwarz read this paper, for which see page 591.

DISCUSSION.

Dr. F. J. Taussig did not take quite as pessimistic a view of the investigations by Dr. Dienst as did Dr. Schwarz. Dr. Schwarz had objected to Dr. Dienst's theory on the ground that the test of Dienst's by injecting the methylene blue after the birth of the child was unreliable because the placenta was not at that time adherent to the wall of the uterus. Recent work along that line by German writers showed that the placenta usually remains adherent until the beginning of the first after pains, and that in half of the cases of women who died post partum, the placenta, not having been extracted, was found firmly adherent to the uterine wall. As to the toxic effects produced by the injection of the blood of one animal into an animal of another species, certainly the pathologic picture greatly resembled that of the toxemia of pregnancy. Experiments on rabbits had proved how much more susceptible was the nervous system of the pregnant individual than was that of the non-pregnant individual. Regarding the treatment, the plan suggested by Dr. Schwarz was certainly very practical, namely, avoiding a complicated scheme and operations that could only be done in hospitals. Diet and hygiene had certainly given better results than anything else. Whether the Bossi dilator was as safe an instrument as its upholders claimed was not yet established. About six months ago it was stated that it frequently caused a parametritis aside from the tears that resulted. The more recent publications of Lichtenstein, however, showed that such infections could not be ascribed to the Bossi dilator.

Dr. Henry Rohlfing, referring to the neurotic element, said that fifteen years ago he had been called in to see a case that had been attended by a midwife. The patient had convulsions, but when he arrived they had disappeared. The same afternoon the patient had another convulsion and he had quickly delivered her. She had since given birth to a number of children with no eclamptic recurrence. As to the usual causes, leucomaines and other principles that might be found in the blood would have to be taken into consideration. As to the dose of veratrum viride he thought fifteen to twenty-five drops rather high.

The president had been particularly interested in the classification made in the etiology, separating the toxemia which prevailed in uremia from that other toxemias, due to the bi-products of nitrogenous elements. The speaker's experience had not been very good, especially where the convulsions recurred after the delivery of the child. Most of his cases of eclampsia relieved by delivery had gotten well, but he could recall but one or two cases of fifteen or twenty that had gotten well where the convulsions recurred after delivery. The cases where the nephritis was well marked were very unfavorable. He asked Dr. Hypes if any of his patients had had nephritis. Personally he had not the unbounded faith in veratrum viride that many of its advocates had. He thought it a good drug, but he did not believe it would do much good when the uremic element was predominant. Obstetricians all believed in the necessity for rapid delivery nor was there any question as to the value of the other treatment recommended by Dr. Schwarz, but he did not believe it would cure cases of eclampsia when the uremic element was the main factor. His experience had been that those cases which had done best were those in which there had been extreme loss of blood. In two cases the venous return had been so poor that he had failed to get the satisfactory amount of blood.

Dr. Schwarz, in closing, said that as regards veratrum viride, Fordyce Barker did not use veratrum because he was afraid of it. There were many enthusiasts on the subject

and others were very skeptical. It has its advantage in cases after delivery, in which one hesitates to advocate venesection, when the eclamptic symptoms return with a full bounding pulse with a frequency of one hundred or more; the arterial pressure must be relieved, and it answered very well in such cases. Provided the renal secretion was not entirely suppressed veratrum in doses of twenty drops would bring about decided relief. In one of his cases in which he had used the Bossi dilator, the woman had suffered with grip. She had no albumin in the urine three days before the symptoms appeared, but on that day the specific gravity was 1,044, there were all kinds of casts present and the urine would coagulate completely. All possible measures were adopted to prevent the attack, but at 5 A. M. she had her first convulsion and as some one was on guard she was delivered immediately. But she was not fully relieved of the arterial tension. At 2 o'clock in the afternoon she had her second convulsion and one-half grain of morphine was given hypodermically, but the tension returned and twenty drops of Norwood's tincture was injected and the pulse dropped from 98 to 52. The patient had no further convulsions. In that case the doctor simply used it to avoid venesection. Nicholson's success from the use of thyroid extract had interested him very much. What action Dr. Nicholson had found was probably due to the spermin contained in that extract. The presence of large quantities of spermin had been found in all glands with internal secretion and he hoped to see beneficial results from the injection of spermin, or some other body that would expedite the oxidation of waste products. As to the work of Dienst, there was something very captivating in his theories. Dr. Schwarz only objected to the manner of his experimentation. The latest large works on obstetrics made the statement that the placenta remained attached to the uterus after the birth of the child, but that did not change his ideas on the subject. After an experience of twenty-five years one ought to know whether the placenta remained attached or not. In ordinary labor the placenta was detached the moment the child had left the uterus. As the uterus contracted over the child the placenta was pushed off of the wall of the uterus like paper off of a wall that was shrinking. It was only in the use of forceps and extraction in the interval of pain that it remained *in situ*. The fact that the placenta was found adherent might have been due to the fact that there had not been a moral contraction. But when in a university clinic one hundred and sixty cases were treated in the way that Dienst had described, there was something wrong, for experience taught that that was not the way such things happened. He might have been careful about his blood work, but there was nothing cheerful or satisfactory in his theories. While it might be possible to believe in the fact of an occasional leak in the placenta, he certainly could not believe that the blood of the fetus compared with the blood of the mother like the blood of a sheep or dog. If that theory should prove to be correct it would be a very unhappy one for one would have no means of preventing convulsions in any case. What would be the use of the hygienic and dietic treatment if the convulsions were due to the entrance of fetal into maternal blood which there was absolutely no means of preventing. Dienst's work was probably a hasty one and in the next few months every word would probably be taken back. As to the use of veratum viride when the uremic element was present, he could not speak as he had never used it in those cases. In convulsions occurring after delivery one is certainly less sure of the effect of the treatment. Before the woman is delivered one hopes to keep down the convulsions by delivery, but when they occur or continue to take place after delivery one feels less sure of the results, although experience teaches that the mortality is not as great in post partum convulsions as in those occuring before delivery. In 1880 and 1881 Dr. Schwarz had had a number of eclamptic cases and had always given chloroform, chloral hydrate and morphine until the patient was delivered, and with perfect success. But doctors had not the facilities then for hastening delivery that were possessed at the present time, nor were the means of preventing septic infection as perfect. But he had gotten along very nicely until he struck one of these cases of post partum eclampsia and that case had made him very modest ever since. Dr. Schwarz then read abstracts from his notes on the cases as follows:

August 24, 1881, at 10 P. M., I was summoned to the wife of Professor D., of Heidel-

berg, and found on my arrival a little woman, twenty-one years old, but well and strongly built, with no pelvic contraction, in labor for the first time; the cervix was fully dilated; the head on the floor of the pelvis; the greater fontanella to the left and forward; vulva and perineum hard and unyielding. In spite of severe pains there had been no progress for two hours. Inquiries brought the information that Mrs. D. during childhood had had convulsions on several occasions; that she had been very nervous of late; that she frequently talked in her sleep, or that she had gotten up and dressed herself while sleeping. During the last few weeks slight œdema of the hands and pronounced œdema of the lower extremities had developed.

At 10:30 P. M. epileptiform convulsions; patient recovers consciousness immediately afterwards. Forceps; one traction; left lateral incision and small perineal rupture; five sutures; placenta comes away easily; moderate hemorrhage; patient is quiet and rejoices over her happy delivery; the child, a finely developed boy, is all right in every way.

I left patient's house at 12:30 A. M., but was called back from the sidewalk because a second convulsion had set in; chloroform inhalation; patient soon recovers consciousness, but is like dazed; half an hour later third convulsion; patient remains unconscious and convulsions return every half hour with terrible regularity. Treatment: chloroform inhalations, morphine injections. Sometimes the intervals got a little longer, giving a ray of hope that the narcotics were taking effect. The secretion of urine was never fully suppressed, as about a pint was drawn by catheter repeatedly; it contained a great deal of albumin; form elements were not found; the examination was, however, a hasty one.

At 8 A. M. there had been sixteen attacks, and the patient was in a deep *sopor*. On the advice of the consultants stimulating methods were now employed. Patient was placed in a warm bath (95° F.), and cold water was poured over her head; reflex motions were thus provoked, but the attacks likewise returned and the case grew more desperate. Pulse small and frequent; rattling in trachea; beginning pulmonary œdema; temperature between 38° and 39° C.

A fourth consultant was sent for, to get consent for venesection, for which lancet was ready. In the meantime inhalations of nitrate of amyl; enemas of wine, cognac, beef broth, etc. In the afternoon of the 25th the pauses were greater, two hours and more, and Geheimrat B. thought we should not let blood, but use wet packs and give narcotics per rectum.

When I went on duty at 7 A. M., August 26th, I found the pulse small and irregular; respiration shallow; pronounced rattling in trachea; highly cyanotic face; temperature 39.6° C. Convulsions less frequent; all treatment directed against the collapse, but the patient died from œdema of the lungs at 3:30 P. M., forty hours after delivery, and after more than thirty convulsions.

That was the first such case he had met with, and he felt he had no sure treatment for convulsions, and that there were cases where morphine and quick delivery would not give relief. In this case, in spite of the œdema of the face and lower extremities, the urine had never been examined. Morphine and chloroform were used to the limit. They had no veratrum viride, and venesection was a thing unheard of in Germany in those days, and they had no great inclination for it. It might not have made any difference in this case. But in all such cases, whether the convulsions occurred before or after delivery, what had to be done must be done quickly, energetically, to the full limit. There must be no question of temporizing, and generally the case would result satisfactorily. The object to be aimed at, however, was to prevent the attacks, rather than to cure them.

ST. LOUIS MEDICAL SOCIETY.

Meeting of March 18, 1905.

ON THE VALUE OF GETTING CERTAIN PATIENTS UP VERY EARLY AFTER LAPAROTOMY.

Dr. Willard Bartlett read a paper on this subject, for which see page 604.

DISCUSSION.

Dr. Fred. J. Taussig confining his remarks to urinary troubles after operation, said he had occasion while in Vienna to study urine retention after laparotomy for cancer of the uterus. At that time practically every one of the patients subjected to a radical abdominal operation was unable to pass urine spontaneously and in consequence from 75 to 80 per cent. developed cystitis and a very few even a pyelonephritis. The cause was at first thought to be simply trauma, due to a dissection of the tissues about the bladder, but the bacteriological examinations he made showed that the entrance of bacteria accompanied each case and that it was owing to the repeated catherization that cystitis developed. One fact of interest was that a great many of the patients were able to pass urine spontaneously for the first time when they were allowed to get out of bed about the twelfth or fourteenth day. The subject of letting these patients get up early was brought before the Chicago Obstetrical and Gynecological Society by Kolischer. Following that paper, Dr. Ries said post-operative retention of urine could be avoided and he no longer had such a condition since he allowed patients to get up on the second to the fifth day. But the remarks of Dr. Ries had not convinced the speaker that this would be best, because of the difficulty of men like Wertheim in getting perfect union of the abdominal incision as a mild cystitis would be of less danger than the opening of an abdominal wound. It was hence still a question whether cancer cases, with their tendency to heal slowly, should be allowed to get up early.

Meeting of April 8, 1905.

A NEW HÆMORRHOIDAL CLAMP PERMITTING SUTURE OF SEARED SURFACE BEFORE REMOVAL OF INSTRUMENT.

Dr. Robert F. Amyx read this paper, for which see page 602.

DISCUSSION.

Dr. William H. Stauffer said this addition was a valuable one if it did not call for sacrifice of tissue. The tendency of many operators was to adjust conditions to the method with which they were most familiar. The treatment should be adapted to the case in hand. As little tissue as possible should be sacrificed, the operation should cause as little pain as possible, and there should be the speediest possible restoration of function. One point worthy of consideration was that the muscular tissue was sometimes ruptured as a result of too great dilatation of the sphincter, and this delayed restoration of function.

Dr. John Young Brown's experience with the clamp and cautery operation had been such that he hardly saw the necessity of the use of the suture in connection with the clamp and cautery operation. He believed that the bad results reported were due to the faulty application of the method, rather than to the method itself. In selected cases he had used it many times with results highly gratifying.

COUNTY SOCIETIES IN AFFILIATION WITH THE STATE MEDICAL ASSOCIATION.

COUNTY.	PRESIDENT.	ADDRESS OF PRESIDENT.	SECRETARY.	ADDRESS OF SECRETARY.
Adair	James Hanks	Brashear	E. C. Grim	Kirksville.
Atchison	G. W. Lott	Ulesboro	A. McMichael	Rockport.
Audrain	C. A. Rothwell	Mexico	E. S. Cave	Mexico.
Barton	G. D. Allee	Lamar	J. L. McComb	Kenoma.
Bates	A. E. Lyle	Butler	E. N. Chastian	Rich Hill.
Boone	J. E. Thornton	Columbia	W. A. Norris	Columbia.
Buchanan	P. I. Leonard	St. Joseph	Chas. W. Fassett	St. Joseph.
Butler	W. A. Kendall	Poplar Bluff	J. J. Norwine	Poplar Bluff.
Caldwell	C. C. Leeper	Braymer	Tinsley Brown	Hamilton.
Callaway	J. F. Harrison	Fulton	Martin Yates	Fulton.
Camden	G. M. Moore	Linn Creek	G. T. Myers	Macks Creek.
Cape Girardeau	H. L. Cunningham	Cape Girardeau	E. P. Porterfield	Cape Girardeau.
Carroll	W. C. Baird	Bogard	R. F. Cook	Carrollton.
Cass	R. D. Ramey	Garden City	J. S. Triplett	Harrisonville.
Chariton	H. C. Tatum	Brunswick	C. A. Jennings	Salisbury.
Clark	H. W. Harris	Winchester	A. C. Bridges	Kahoka.
Clay	L. J. Jones	Linden	F. H. Matthews	Liberty.
Clinton	John Sturgis	Perrin	E. A. Colley	Platte City.
Cole	J. P. North	Jefferson City	G. Ettmueller	Jefferson City.
Cooper	P. L. Hurt	Boonville	R. S. Holman	Boonville.
Crawford	W. A. Metcalf	Steeleville	A. H. Horn.	Steelville.
Current River	Frank Hyde	Eminence	J. A. Chilton	Van Buren.
Daviess	J. D. Dunham	Pattonsburg	M. A. Smith	Gallatin.
Dunklin	N. F. Kelley	Kennett	G. L. Johnson	Kennett.
Grundy	J. A. Asher	Trenton	W. D. Fulkerson	Trenton.
Henry	Jno. H. Britts	Clinton	F. M. Douglas	Clinton.
Holt	B. T. Quigley	Mound City	J. F. Chandler	Forest City.
Howard	A. W. Moore	Fayette	C. W. Watts	Fayette.
Howell	J. W. Bingham	Pottersville	H. C. Shuttee	West Plains.
Iron	R. W. Gay	Ironton	Ira A. Marshall	Ironton.
Jackson	Robt. T. Sloan	Kansas City	Max Goldman	Kansas City.
Jasper	A. B. Freeman	Joplin	J. T. Stamey	Joplin.
Jefferson	W. H. Farrer	DeSoto	H. Will Elder	DeSoto.
Johnson	M. P. Shy	Knobnoster	E. H. Gilbert	Warrensburg.
Laclede	J. M. Billings	Lebanon	J. A. McComb	Lebanon.
Lafayette	P. S. Fulkerson	Lexington	C. T. Ryland	Lexington.
Lincoln	S. R. McKay	Troy	Wm. P. Smith	Troy.
Linn	K. V. Stanley	Brookfield	D. F. Howard	Brookfield.
Livingston	David Gordon	Chillicothe	J. F. Cherrington	Chillicothe.
McDonald,	E. F. Doty	Anderson	M. L. Sellers	Anderson.
Macon	E. S. Smith	Macon	G. B. Rush	Macon.
Madison	G. W. Greenwood	Fredericktown	C. U. Davis	Fredericktown
Maries	O. C. Fritts	Lois	O. N. Schudde	Vienna
Marion	R. H. Goodier	Hannibal	F. Janet Reid	Hannibal.
Mercer	H. P. Chesmore	Princeton	C. R. Buren	Princeton.
Miller	S. P. Hickman	Ulman	G. D. Walker	Eldon.
Mississippi	A. J. Martin	East Prairie	W. P. Howle	Charleston.
Moniteau	J. B. Stewart	Clarksburg	W. R. Patterson	Tipton.
Monroe	S. M. Brown	Monroe City	M. C. McMurry	Paris.
Morgan	W. L. Hatler	Barnett	J. T. Beale	Versailles.
Nodaway	J. A. Larrabee	Barnard	F. R. Anthony	Maryville.
Newton	J. W. Lamson	Neosho	Horace Bowers	Neosho.
Pemiscott	D. B. Crowe	Caruthersville	J. G. Luten	Caruthersville.
Perry	T. M. Hudson	Perryville	F. M. Vellells	Perryville.
Pettis	W. C. Overstreet	Sedalia	W. J. Ferguson	Sedalia.
Phelps	W. H. Breuer	St. James	S. L. Baysinger	Rolla.
Platte	R. P. Davis	Woodruff	G. C. Coffey	Platte City.
Putnam	C. H. Carryer	Hartford, Mo.	T. A. Townsend	Unionville.
Ralls	O. B. Hicklin	New London	T. J. Downing	New London.
Randolph	G. O. Cuppaidge	Moberly	W. M. Dickerson	Renick.
Ray	Chas. B. Shotwell	Richmond	L. D. Greene	Richmond.
Reynolds	J. M. Lowery	Centerville	T. W. Chilton	Corridon.
Saline	D. C. Gore	Marshall	D. F. Bell	Marshall.
St. Clair	W. Cline	Appleton City	E. D. Miles	Osceola.
St. Genevieve	M. Andre	St. Genevieve	F. E. Hinch	St. Genevieve.
St. Louis	F. L. Henderson	Century Bldg.	T. A. Hopkins	Century Bldg.
St. Louis Co.	H. G. Wyer	Kirkwood	H. T. Randle	Clayton.
Schuyler	J. T. Jones	Queen City	H. E. Gerwig	Downing.
Scotland	W. E. Alexander	Memphis	O. F. Pile	Memphis.
Shelby	H. C. Vaughn	Shelbina	A. M. Wood	Lentner.
Stoddard	D. R. Corbin	Bloomfield	Jno Ashley	Bloomfield.
Sullivan	J. C. Kessenger	Milan	J. S. Montgomery	Milan.
Warren	W. J. Alexander	Marthasville	E. A. Fluesmeier	Wright City.
Washington	J. A. Eaton	Belgrade	W. S. Smith	Belgrade.
Wayne	L. M. Pettit	Greenville	I. N. Barnett	Piedmont.

MEETINGS OF COUNTY MEDICAL SOCIETIES.

County.	Date of Meeting.
Adair	Quarterly.
Atchison	Quarterly. January, April, July, October.
Audrian	Monthly. First Monday.
Barton	Monthly.
Bates	Quarterly. Last Thursday in Feb., May, Aug. and Nov.
Boone	Monthly. First Monday.
Buchanan	Semi-Monthly. Firstand Third Friday.
Butler	Monthly
Caldwell	Quarterly. July, October, January, April.
Callaway	Monthly. Second Thursday.
Camden	Quarterly. January, April, July, October.
Cape Girardeau	Monthly.
Carroll	Monthly. Second Tuesday.
Cass	Quarterly. First Thursday of March, June, Sept., Dec.
Chariton	Monthly. Last Thursday.
Clark	1st Mondays Feb., Apr., June, Aug., Oct., Dec.
Clay	Monthly. Last Monhay.
Clinton	Monthly.
Cole	Quarterly. Second Thursday of Jan., Apr., July, Oct.
Cooper	Monthly. First Tuesday.
Crawford	Quarterly. First Tuesday. Apr., July, Oct., Jan.
Current River	Quarterly. August, November, February, May.
Daviess	Monthly.
Dunklin	Monthly.
Grundy	Quarterly. July, October, January, April.
Henry	Monthly. Second Tuesday.
Holt	Quarterly. January, April, July, October.
Howard	Monthly. Third Tuesday.
Howell	First Thursday of Dec., Feb., Apr., June, Aug., Oct.
Iron	Monthly. First Saturday.
Jackson	Semi-Monthly. Second and Fourth Thursdays.
Jasper	Semi-Monthly. First and Third Mondays.
Jefferson	Monthly.
Johnson	Quarterly. June, September, December, March.
Knox	Monthly.
Laclede	Semi-Annually. First Mondays May and November.
Lafayette	Monthly.
Lincoln	Monthly.
Linn	Quarterly. October. January, April, July.
Livingston	Monthly. Second Thursday.
McDonald	Monthly. First Wednesday.
Macon	Monthly. On or before full moon, Tuesday, 10 a. m.
Madison	Semi-Monthly. First and Third Monday.
Maries	Quarterly. First Thursday of Feb., May, Aug., Nov.
Marion	Monthly. First Friday.
Mercer	Monthly. Second Thursday.
Miller	Quarterly. First Thursday. March, June, Sept., Dec.
Mississippi	Monthly. First Monday.
Moniteau	Quarterly. March, June, September, December.
Monroe	Quarterly. First Tuesday of April, July, October, Jan.
Morgan	Quarterly. First Wed. of March, June, Sept., Dec.
Newton	Monthly. Second Tuesday.
Nodaway	Monthly. Second Tuesday.
Pemiscott	Monthly.
Perry	Monthly.
Pettis	Monthly.
Phelps	Quarterly. March, June, September, December.
Pike	Monthly.
Platte	Monthly. First Wednesday.
Putnam	Monthly. First Wednesday.
Ralls	Quarterly. January, April. July and October.
Randolph	Monthly.
Ray	Monthly. Third Wednesday.
Reynolds	Quarterly. January, March, June, October.
Saline	Monthly. Second Tuesday.
St. Clair	Quarterly. Second Tues, of March, June, Sept., Dec.
St. Genevieve	Monthly.
St. Louis	Weekly. Saturdays.
St. Louis County	Monthly. Second Wednesday.
Schuyler	Semi-Monthly. July and December.
Scotland	Monthly. Second Tuesday.
Shelby	Quarterly. June, September, December, March.
Stoddard	First Wednesday in March, June, Sept. and Dec.
Sullivan	Monthly.
Warren	Monthly.
Washington	Monthly. First Saturday.
Wayne	Monthly.

AMERICAN MEDICAL ASSOCIATION

Next Annual Meeting at Portland, Oregon, July 11th to 14th, 1905.

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Second Vice-President: JAMES HALL BELL, San Antonio, Texas.
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COUNCILLOR DISTRICTS AND LIST OF UNORGANIZED COUNTIES.

First District.—F. B. HILLER; solidly organized.
Second District.—J. B. BRUMMALL; solidly organized.
Third District.—E. H. MILLER; DeKalb, Gentry, Harrison, Worth.
Fourth District.—C. H. WALLACE; Andrew.
Fifth District.—L. W. DALLAS; solidly organized.
Sixth District.—WOODSON MOSS; solidly organized.
Seventh District.—W. B. DORSETT; St. Charles.
Eighth District.—F. J. LUTZ; Franklin, Gasconade.
Ninth District.—B. M. HYPES; solidly organized.
Tenth District.—J. J. NORWINE; Scott, New Madrid, Bollinger, Center, Ripley, Francois.
Eleventh District.—W. S. ALLEE; Osage.
Twelfth District.—R. D. HAIRE; Benton.
Thirteenth District.—M. P. OVERHOLSER; solidly organized.
Fourteenth District.—A. R. SNYDER; Berry, Lawrence, Dade, Cedar, Vernon.
Fifteenth District.—Hickory, Stone, Taney, Greene, Christian, Dallas, Polk.
Sixteenth District.—R. L. JOHNSON; Pulaski, Webster, Ozark, Dent, Texas, Wright, Douglas, Oregon.